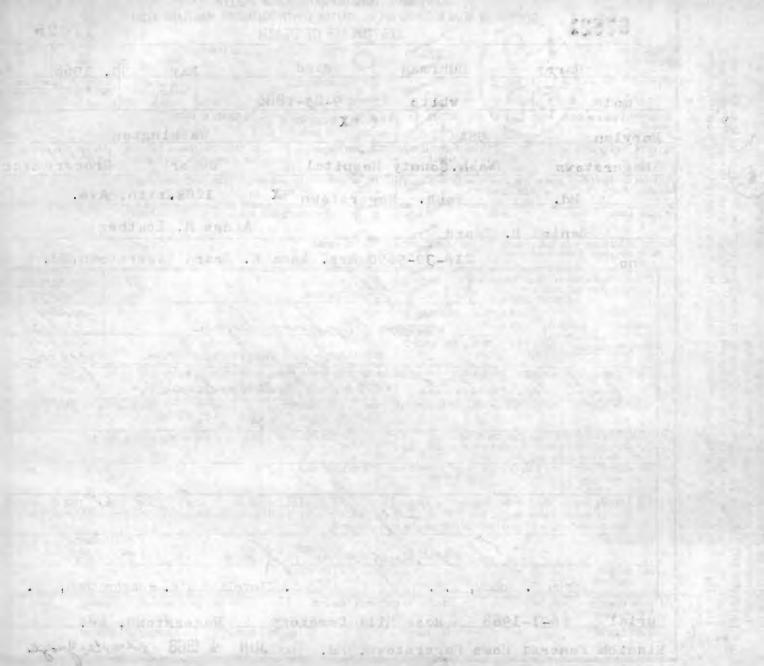
MAKILANU SIAIE VEPAKIMENI OF HEALIH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07623 man division CERTIFICATE OF DEATH Middle DECEASED-NAME First last 2g. DATE OF DEATH 2b. HOUR ges I and 2 after death. funerol (Type or print) May Month William Baken George 6. AGE (In years S. DATE OF BIRTH IF UNDER 1 YEAR 4. RACE 3. SFX IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS Male 63 August 9, 1904 YRS. 7p. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) WIDOWED [77] DIVORCED [Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR cremation, or removal, and in any event, withi during most of working life, even if retired.) give street_address) INDUSTRY. pleose remove corbon Hagerstown lewel 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed YES X NO 113 E. Green St. Varulano 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First puo Mae Sanders Henry Baken 9da Samuel 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na or unknawn) (If yes give war or dates of service) Mrs. Hazel D. Baker 113 E. Green St. Funkstown. Md 214-09-5290 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. when Lean Canditians, if any, which gave) burial-fronsit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed ! burial, PARTY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) as the of Health prior ta hos been 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY2 CAUSES OF DEATH? YES T for use certificote 21 a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 2, Item 18.) 21b. TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from hospital attended the deceased attended to the deceased attended the deceased att Page 4 may be retained by couses stated above. (1) (distant) view the bady after death. 22b, SIGNATU 22c. DATE SIGNED DEGREE director, page 3 PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS O FUNERAL NAME (Type FUMS SYVUN 23c. NAME OF CEMETERY OR CREMATORY
Rest Haven Cemetery 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) Hagerstown-Washington-Md. REMOVAL (Specify 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15(4) Ochanles Rest Haven Funeral Chapel Hagerstown, Md. 30M REV. 1/68 DATE

and the second of the second o The state of the s And the fact the same of the s March Jewell - - more stone Justine Tower Street Tower Street A source 171 For a distribution of the source of the sourc Lample - position - shareon A Commission of region of the commission of the Traffeender Thurtur ALL STALL Confirme prefer heart Magne Carrer (Respond 3) Wanted on line - 89 between 89 belong 30 between Active remains 3-31-60 DIDIES NEIEDSTEIN FURSTURN MD THE STREET STREET, STATE COME STREET, SECRETARING STREET, STRE A CONTRACTOR OF THE CONTRACTOR

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37624 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH Month (Type or print) Everett diagins 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) CAYS aurs aft HOURS Male April 9.1900 completily filled in by the YRS requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED New Greeport, Pa DIVORCED X Washington WIDOWED 5 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Hagerstown Washington (burial, crematian, ar remaval, and in any event, 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission STATE and Washington 1926 Virginia Ave. YES X NO dagerstown 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First John Nell Saraer 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, or unknown) (If yes give war or dates of service) 577-05-6022 Wr. Willard Wenger 1926 Virginia Ave Hagen town 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the b Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been be retained by the hospital ar attending 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 should be detached for use with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an 19 a.a. , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) D-2-Boyer 136 N. Potomac St. Hagerstown, Md. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE (County) Normalville Cemetery Normalville -Payette -2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 [4] 30M REV. 1/68 Misseles Rest Haven Inneral Chapel Hagerstown, Md. DATE MAY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last I. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR ges I and 2 after death. haurs after death Month (Type or print) Buhrman Harry Beard May 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) 9-25-1886 white male 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [Washington Maryland
10. CITY OR TOWN OF DEATH USA 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Grocery Store Wash. County Hospital during most of working life, even if retired.) burial, cremation, ar removal, and in any event, wit Hagerstown 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES X NO [120E Irvin, Ave. Wash. Hagerstown 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Agnes R. Leather The law requires that the death certificate be Daniel M. Beard 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na. ar unknown) 218-30-9690 Mrs. Anna N. Beard Hagerstown, Md. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) remin DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ! burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the phauld be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO 54 YES -21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while twork TENDING 22a. I certify that (I) (this haspital) attended the deceased from flow 25, 19 6 V, to flow 24, 19 6 V, that (I) (we) last saw the deceased alive an flow 2 19 6 V, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body after death. 22c. DATE-SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Cleveland A e. EHagerstown. Edson B. Moody. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (State) 23g. BURIAL, CREMATION, Burial 6-1-1968 Rose Hill Cemetery Hagerstown **ADDRESS** 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1968 Klanen JUN Minnich Funeral Home Hagerstown, Md. DATE



MARYLAND STATE DEPARIMENT OF HEALTH

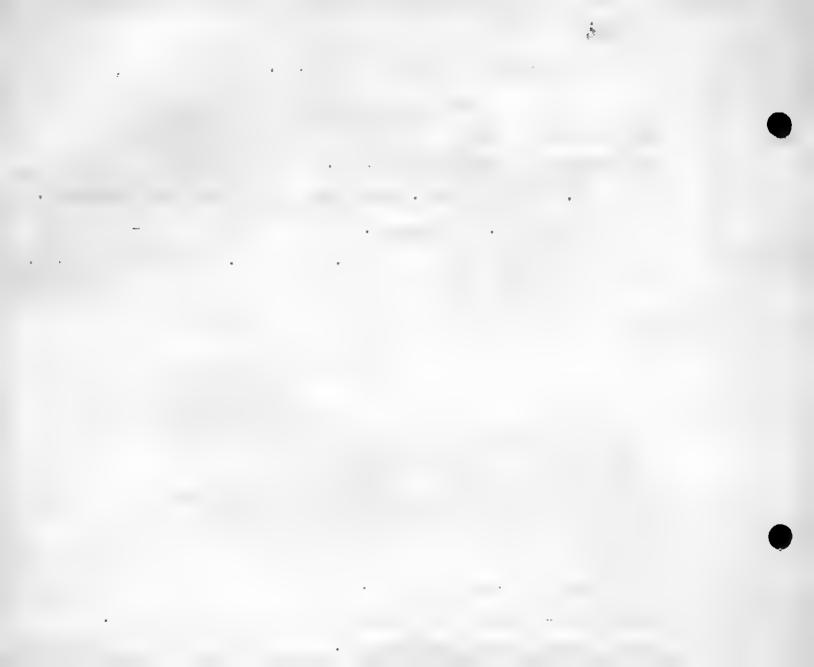
PAUL NEUBUN ETVENS MAY 25, 1958 Eyan WHITE APPRE 15 THE 3778 MOTOWINGAW DEN SYLVANIA U.S.A. HANCOCK 206 SAPTIST CHURCH POACH CUSTOSIAN DAILARY SOUDD MARYLAND TENTERS TO SEPTION TANDOOR X SOC SAPTIST CHARGE PD. SAUREL PALPH SIVERY (C) SHEVIE RELATE JEHRAS 1007-88-3927 HILEN SIVENS IN E AS 27

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 haurs after death. deoth (Type or print) Month Amber Georgie Brennan Mav 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IE UNDER 24 HRS lost birthdoy) DAYS Female. White Jan. 16.1881 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) WIDOWED 4 DIVORCED [Washington
120. USUAL OCCUPATION (Kind of work done Chicera Pa 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital burial, cremation, or removal, and in ony event, within 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during mast of working life, even if retired.) INDUSTRY
Home duti give street oddress) Clear Spring Cumber] ouse 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE Washington Clear Spring# None 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Lost Middle Putnam Harriet Stewart George physician 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, og unknown) Clear Spring Stewart Brennan None 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (o) DUE TO, OR AS-A TONSEQUENCE OF Conditions, if ony, which gave ; signed by the buriol-transit p rise to immediate couse (o), ASDA CONSEQUENCE OF DUE TO, OR stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO | FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 3 - 2V . 19 6 8 . to 196 Fand that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased olive on_ couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S 23b. DATE BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Clear Spring 24-FUNERAL DIRECTOR VR A15 (4) -DATE MAY 9 Clear Spring

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| X | 1 | 1 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | |
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| | completely ave carbar y event, w | | ession) STATE Md. | | Hagerstown YES | | st,Road. | | |
| | and comprements of the compremental compreme | 14 | FATHER'S NAME First | Middle Lost | IS MOTHER'S MAIDEN N | | Lost | | |
| | be n ar | L | Charles | | | Gladys - | Green | | |
| | ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial transit permit. Then please remave carbar pagers Pages and with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haure tell death and the state Dept. | 160 | WAS DECEASED EVER IN U.S. ARME (65, no, or unknown) (H yes give wor | ED FORCES? It or dates of service) | | is R. Brown Hager | stown, Md. | | |
| | rent Ther may | | 1 | one cause per line for (a), (b), and (c) |) | | APPROX MATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | at the death cer the attending p nsit permit. The matian, ar rema | ı | PART I. DEATH WAS CAUSED | y one cause per line for (o), (b), and (c) BY: TE CAUSE (o) | c ArresT | | | | |
| | he death attendii permit. ian, ar re | П | 4109 | DUE TO, OR AS A CONSEQUENCE OF | | | | | |
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| | equires tho physician. signed by burial tran burial, crer | | last | 10 Coronaru | | | 14cara | | |
| | phy sign bur bur | | | DITIONS CONTRIBUTING TO DEATH BUT W | OT RELATED TO THE TERMINAL DISEAS | SE OR CONDITION GIVEN IN PART 1(6) | / | | |
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| | Part of the state | MEDICAL | OR CONTRIBUTING CAUSE OF GEATH | HOUR A.M. Month Doy Yeor P.M. | 9 | | | | |
| | D HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial traishauld be filed with the State Dept. af Health priar ta burial, cre | ME WE | 21d. INJURY OCCURRED 21e P | PLACE OF INJURY (AT HOME FARM, STREET, FA OFFICE BUILDING, ETC. | | | County State | | |
| | NG te direction to the | П | 22a. I certify that (I) (this | s haspital) attended the deceas | ed from Nov, | 19 64, ta May 1, 19 ar) apinian death accurred an the date | f, that (I) (we) last | | |
| | NDI NDI Sad bid Nd bid Ne S | | saw the deceased ali | ive on 4px 30 1 | 966, and that in (my) (au | r) apinian death accurred an the date | e and haur and fram the | | |
| | TO Se the second | | 22b SIGNATURE | (I) (we) taid) (did not) view the | bady after death. | 22. 0 | VE S!GNED | | |
| | OR ATTEND be retained SIRECTOR: A SI Should ed with the | П | 220 33093300 | 1840 | DEGREE PHYS. | MED STAFF DIRECTOR PHYS. | 2 1968 | | |
| | y by by by by biller | | 22d PHYSICIAN S | grunn | 22e ADDRESS | DIRECTOR - TITIS. | 7/100 | | |
| | 4 may NERAL I Nay, pag Id be fil | | NAME (Type) Charle | es C. Spencer M | n. J. 145 Sc | outh Prospect Stre | e e t | | |
| | TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 should shauld be filed with the | 230 | BUR AL, CREMATION, 23b. DA | ATE 23c NAME OF | CEMETERY OR CREMATORY | 23d LOCATION (City or Town) | (County) (State) | | |
| | 5 5 5 4 4 A | L | | | Hill Cemetery | | | | |
| | VR A15 (4) | | FUNERAL DIRECTOR | ADDRESS al Home Hagerst | | RECD BY REGISTRAR'S SECOND BY REGISTRANCE BY REGISTR | IGNATURE JULIAN | | |
| | 30M REV. 1/68 | L | innich runers | AT HOME HARELE | OWII, PIQ . DATE | 1111 | 0 | | |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2c. DATE OF DEATH 2b. HOUR furfero (Type or print) Month 7 1968 Ella Buffington May Mae 7:15 p.M signed by the ottending physicion ond completely filled in by the Lur burial-tronsit permit. Then please remove carbon papers. Pages I burial, cremation, or removol, and in ony event, within 72 hours after 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR F JNDER 24 HRS. last birthday) HOURS Female Feb. 7. 1900 White YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fore.an 8. MARRIED T NEVER MARRIED requires that the death certificate be executed within 24 hou (country) Maryland U.S.A. WIDOWED 3 DIVORCED [Washington 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)

Housewife INDUSTRY Cascade 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Washington YES [NO 3 R. D. 1 Cascade 14. FATHER'S NAME Eurst Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Ella Henry Pollard Arrington 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 220-28-8168 Elmer W. Harrison, Blue Ridge Summit 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Monar DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate couse (a). Poge 4 moy be retained by the haspital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the stagould be filed with the State Dept. of Health prior to be CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES -NO | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at work ____, 19_*lele_*, to_ 22a. I certify that (I) (this hospital) attended the deceased fram May A Real 19 6 & and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive an 30 causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING ALS DEGREE PHYS DIRECTOR 22d PHYSICIAN'S 22e, ADDRESS NAME (Type) Robert A. Kiefer 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. (State) (County) REMOVAL (Specify) Lantz #1 Bethel Frederick Md. 256 REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) MAY 1968

Waynesboro Pa.

DATE

30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



| l i | 1 -4-0 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | | | |
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| FOR STATE | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | | | | | | | |
| HEALTH DEPL | | CEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 2b HOUR | | | | | | | |
| 2 6 8 X X | , | ype or Print) Puane A. Buhrman OF ESTI- DEATH MATERIA 5 2 1964 5 1964 | | | | | | | |
| deloy M3 Pq tmem | 3 5 | X 4 RACE 5 DATE OF BIRTH 6 AGE (in years 15 JUNES 14 HOS 2C DATE PRONOUNCED DEAD 2d HOUR 15 JUNES 15 HOURS MINK MONTH DOY YEAR 15 JUNES 15 HOURS MINK MONTH DOY YEAR 15 JUNES | | | | | | | |
| ny del gand PM3 artme | | ile whis 4-23-6 yrs - 9 100 1968 10 AM | | | | | | | |
| | 7o coun | IRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9 COUNTY OF DEATH TY) Md. USA WIDOWED DIVORCED Zashington Md | | | | | | | |
| arth ages h fo | | TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUA, OCCUPATION (Kind of work done 120, KIND OF BUSINESS OR | | | | | | | |
| NER: This certificate should be executed within 24 hours after death e certificate, writing the ward 'pending in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Midical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages land 2 with the State De lighton, or remayal, and in any event within 72 hours after death. | | Hagerstown greenstreet address) ton Co. Hosp. during most of working life, even if retired.) INDUSTRY | | | | | | | |
| hours after Item 18. Gri Office along Tand 2 with | 130 | USUAL RESIDENCE (Where deceosed I ved, if institution Residence before 13c CITY OR TOWN 13d MSIDE CTY LIMITS? 13e. STREET AND NUMBER | | | | | | | |
| rrs ce d | _ | Tide Frede Delite Roll RD | | | | | | | |
| hin 24 haurs act in Item 1 miner's Office pages 1 and 2 hours after of | 14. f | ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost | | | | | | | |
| hin 24 notel in nuner's pages hours | 160 | Arthur Buhrman Priscilla Bowman VAS DECEASED EVER IN US ARMED FORCES? 1/66 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS | | | | | | | |
| thin mine page | () | VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS None Arthur I. Buhrman Lantz. Md. RD 1 | | | | | | | |
| with with the Example File | | APPROX MATE INTERVAL | | | | | | | |
| uted ical ical ithir | | 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY ASPERTATION VO. nitus. | | | | | | | |
| xect rding Madin | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | |
| per per ief ? | | Conditions, if only, which gove) we supprected hyrorlastic admenal come x | | | | | | | |
| BE 등 보 | | rise to immediate couse (a). storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF | | | | | | | |
| shau the urial | | lost (c) | | | | | | | |
| This certificate should be executed within 24 hours icate, writing the word 'pending in pencil in Item 1 be farwarded to the Chief Madical Examiner's Office 1 be used as a burial-transit permit. File pages 1 and 2 or remayal, and in any event within 72 hours after and in any event within 72 hours. | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | |
| ifico iring arde I as | N N | 7593 | | | | | | | |
| wr arwe may | FICATION | 190. DATE OF OPERATION .95. CONDITION FOR WHICH OPERATION .20 AUTOPSY? | | | | | | | |
| MINER: This the certificate, 4 shauld be far files. e 3 shauld be u imation, or ren | CERT FI | YES NO 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Port 1 or Port 2, Item 18.) | | | | | | | |
| | 叓. | PRIMARY OR CONTRIBUTING HOUR A.M. | | | | | | | |
| NER NER Ihau ihau sho sho atra | MEDICAL | CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (A) home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State | | | | | | | |
| E = 4 = 9 = | | WHILE AT WORK AT WORK AT | | | | | | | |
| L EXA ecute Page or yau R: Pag | | 220. I certify that I took charge of the remains described above, held on Autopsy I Inspection I Inquiry , and in my opinion | | | | | | | |
| tor. | | deoth resulted from Notural causes , Accident , Suicide , Homicide , Undetermined monner | | | | | | | |
| directs directs retaine | İ | CHIEF MEDICAL EXAMINER | | | | | | | |
| At 1 | | SIGNATURE CLICATED TO THE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED | | | | | | | |
| o DEPUTY DICA necessary, please er the funeral director. 5 may be retained o FUNERAL DIRECTOR. Health prior to by | | EXAMINER'S NAME (Type) Edward W. Ditto 111 DEPLTY MEDICAL EXAMINER (Type) ADDRESS(Street, city, town, or county) | | | | | | | |
| de le | 230 | BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) | | | | | | | |
| | 750 | REMOVAL (Specify) 5-1-68 Mt. Bothel Moth. Cem. Foxville Fred. Co. Md. | | | | | | | |
| 0 | | FUNERAL DIRECTOR 256 REGISTRAR | | | | | | | |
| VR A15ME (5) 10M REV 1/68 | 1 | Cymona Tream Ingrand May 6 1968 Charles Judge. | | | | | | | |
| 81-11.824 | - | | | | | | | | |



| 1 | Item#5 Film#460 5/17 PACED TIELCATE OF DEATH | | | | | | | | |
|---|--|---|--------------------------------|----------------------|---|---------------------|--------------------------------|---------------------------|-------------------------------|
| -/ | 1 | Item#5 Fil | DIAISION OF ALLTA | RECORDS, 30 | 1 W. PRESTON STRE | EET, BALTIMOR | E, MARYLAND 21201 | * | 2. |
| 1/7 /2 | L | | | T. CE | RTIFICATE OF D | DEATH | ಟಕರನ | | 4.2. 4 |
| = 2 | | CEASED-NAME First | | Middle | Last | 2a. | DATE OF DEATH | | 2b. HOUR |
| | l ' | ype or print) Raym | ond Fran | cis | Burker | | May Month | Y, 1958 | 3:30Pm |
| 희(호호 회 | 3. SI | | 4. RACE | | S. DATE OF BIR | тн 4/2/83 | 6 AGE (In years | | IF UNDER 24 HRS. |
| 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | Male | White | | Maty /// | 11/1949 | rast mirthday) YRS | MONTHS BAYS | HOURS MIN. |
| | 70 | BIRTHPLACE (Stote or foreign | 76 CITIZEN OF WHAT COUNT | TRY? 8 | MARRIED NEVER MARRI | P. COU | NTY OF DEATH | | |
| 1 in Jers 72 h | Li | iray, Va. | U. S. A. | | VIDOWED. DIVORC | ED Wa | shington | | Mid |
| in 2 filled hin | 10. (| ITY OR TOWN OF DEATH | 11 NAME OF HO | SPITAL OR INSTITI | UTION (If nat in haspital | 12a USUAL OCCU | PATION (Kind of work dane | 12b KIND OF B | USINESS OR |
| requires that the death certificate be executed within 24 haurs after death g physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1-476 a burial, crematian, or removal, and in any event, within 72 haurs ofter death | | Hagerstown | Washin | gton Co | . Hospital | during Labo | prking life, even if retired.) | Constru | ction |
| ecuted wit campletely ave carbo | 13a | USUAL RESIDENCE (Where deceose | ed leved, if institution Resid | ence before [13 | CITY OR TOWN | INSIDE CITY LIMITS? | 13e STREET AND NUMBER | | |
| ami ami | ugiii | ssion) State | Washington | a Bo | oonsboro | YES NO T | Rfd. 2 | | |
| and company | 14. 1 | ATHER S NAME First | Middle | Lost | IS. MOTHER'S MAIL | DEN NAME First | Middle | | Lost |
| be n all | | Thomas | | Burker | | Virgin: | la | Bree | don |
| rtificate physician en pleas | 160 | WAS DECEASED EVER IN U.S. ARM | ED FORCES? 16b. SOCI | IAL SECURITY NO. | 17 INFORMANT | | Address | | |
| hys val. | 7 | es na, ar unknown) (1) vos gwe, w ES W. W | or dates of service) 219- | -20-3426 | Mr. Marvi | n Burker | Rfd. 2, Boo | | |
| The The | | 18. CAUSE OF DEATH (Enter gnl | y ane cause per line far (a), | (b), and (c)) | | 1 | | APPROXIMA BETWEEN CINS | ATE INTERVAL SET AND DEATH |
| re death cer attending p permit. The | | PART I. DEATH WAS CAUSED IMMEDIA | TE CAUSE (o) | ienge | tire her | nt Lai | len | 70 | ar |
| atte | Į I | 4/ / | DUE TO, OR AS A CONS | EQUENCE OF | | J | | 1 | |
| the tit protection | 1 | Conditions, if any, which gave | (b) ort | | ewt-c ? | Panl | D-lerse | Yea | 4 |
| that in. by tanger | | nse to immediate couse (a), stating the underlying cause(| DUE TO, OR AS A CONS | V | | | 4 | 1 | |
| equires that physician. signed by burial-tran | | last. | (c) | | | | | | |
| Phy Sign Suri |] | PART 2 OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING TO D | EATH BUT NOT R | RELATED TO THE TERMINAL I | D SEASE OR CONDITIO | IN GIVEN IN PART I(a) | | |
| ng en sen she l | æ | 4200 | | unu | - | | * | | |
| The law requires the attending physician. has been signed by se as the burial-traith priar ta burial, cre | FICATION | 190. DATE OF OPERATION 19b. (| ONDITION FOR WHICH OPERA | TION WAS PERFO | RMED 200. AUTOPS | SY? | 20b IF YES, WERE FINDINGS | CONSIDERED IN CER | TIFYING |
| The affi | H H | | | | YES 🗀 | NO P | CAUSES OF DEATH? | | |
| are are | L CERT | 21a ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCU | RRED (Enter noture | of injury in Port 1 or Part 2, | Item 18) | |
| a de | EDICAL | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. Manth | Day Yeor 19 | | | | | |
| OR ATTENDING PHYSICIAN: The law be retained by the haspital ar attendio DIRECTOR: After this certificate has been 3 shauld be detached far use as the ed with the State Dept. af Health priar | | 2+d. INJURY OCCURRED 21e. While Not while | PLACE OF INJURY (AT HOME, F | ARM, STREET, FACTORY | 21f LOCATION Street | or R.F.D. Na. | City of Town | County | State |
| this this e De | | at work | | | | | | _ | |
| by frer frer be | | 22a. I certify that (I) (the saw the deceased at | s hospital) ottended t | ne deceased | from 4 8 - | , 19 60, | ta <u> </u> | 9 <u>48</u> , that | (I) (we) last |
| END led Mr. A lid he he | | saw the deceased al | (t) (we) (did) (did nat | view the had | <u>←</u> , and that in (my) ly after death |) (our) opinion o | leath occurred on the d | ate and hour o | nd from the |
| E i i i i i i i i i i i i i i i i i i i | | 22b SIGNATURE | All (we) (did) (did fidi) | , view ille but | ly utter death. | | 23: | . DATE SIGNED | |
| OR ATTENDING be retained by th DIRECTOR: After t e 3 shauld be di ed with the State | | | culian. | | DEGREE PHYS. | MED DIRECTOR | STAFF D | 5. 12 | 68 |
| V b b c c c c c c c c c c c c c c c c c | | - | | | | ce | | | |
| PIT/ mg RAI | | NAME (Type) | TOSEPHSE | COND | ARI | 150 | onstono | rd | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by takentar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pashauld be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 haurs | 230 | BURIAL CREMATION. 23b D | ATE 123 | C NAME OF CEM | ETERY OR CREMATORY | 23d | LOCATION (City or Town) | (County) | (State) |
| O P P P A | | | | | en Cemetery | | gerstown, Wa | , | Md. |
| VRAIS KON | 24. | FUNERAL DIRECTOR | | ADDRESS | | | TRAR 256 REGISTRAR | 9 SIGNATURE | udak. |
| 30M REV. VS | Jo | hn H. Bast, Jr | . 112 N. Mair | 1 St. Bo | onsboro. Md | DATE MAY | 1 5 1968 / | Lances & | 0 |



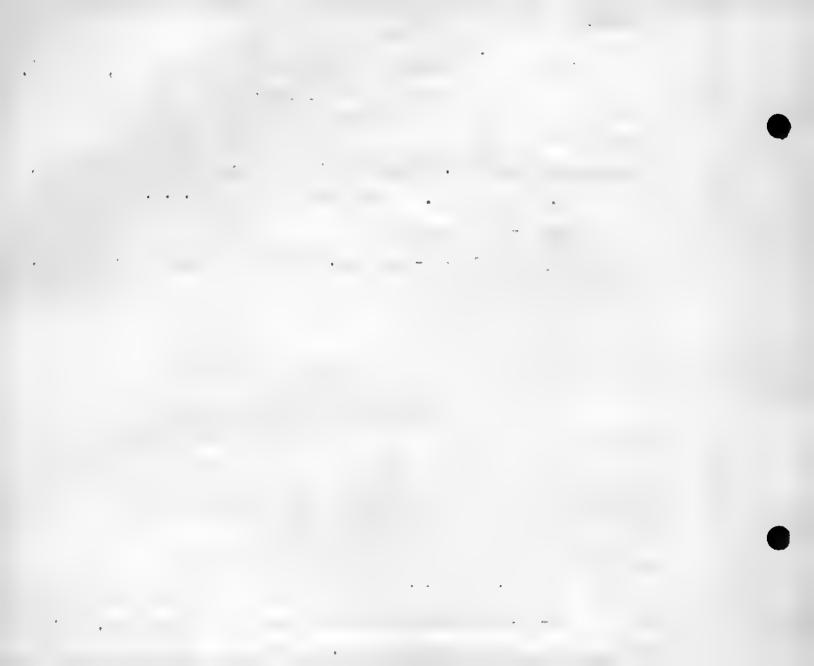
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Inst 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month Beulah May Bussard 3 SFX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS White Female August 25. 1892 YRS burial, crematian, ar remaval, and in any event, within 72 hou 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Chestnut Grove. Md. U. S. A. DIVORCED (WIDOWED X Washington 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address Washington Co. Hospital during mast of working life, exen if retired.) INDUSTRY Own Home physician and campletely f en please remave carban Hagerstown 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER Washington NO To Keedysvill Rfd. 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First First Middle Charles Holmes Fillen Jamison 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 846Adwenly Ave. None Mr. Frank G. Bussard Hagerstown. Md 2171C 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE, OF signed by the burial-transit p Conditions, if any, which gave t rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior tall 190. DATE OF OPERATION 20b. IF YES, WIRE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗆 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State While Nat while at work , and that in (my) (our) opinion death accorred on the date and hour and from the sow the deceosed glive on. causes stated abave, (1) (we) (did) (did hot) view the body after death. 22b SIGNATURE 22c DATE JOHN ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN S NAME (Type) 22e ADDRESS Sharps 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) REMENANTSpeally) Samples Manor Cemetery Samples Manor, Wash. Co., Md. 0 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Milmate

WARILAND STATE DEPARTMENT OF REALIM



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle last 20. DATE OF DEATH First hours after death and funeral (Type or print) Month Collins N.M.N Cameron Mav 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS DAYS HOURS white 3-13-1913 male YRS 7o 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) USA DIVORCED [WIDOWED | Washington Alabama 24 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within this certificate has been signed by the attending physician and campletely for detached far use as the burial-transit permit. Then please remave carban to ≣ept. af Health priar to burial, crematian, ≡r ≡mavat, a≡d in any event, with give street oddress)
Wash.County Hospital during most of working life, even if retired.) U.S.Army Hagerstown 130 USUAL RESIDENCE (Where deceased lived, f institution; Residence before 13c. CITY OR TOWN 13d. HISTOE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES X NO 1430 Hamilton, Blvd. Wash. Hagerstown Md. 14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Minnie Collins Robert E. Cameron 166 SOCIAL SECURITY NO 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, ar unknawn) Ves 349-28-6730 Mrs. Mildred C. Cameron Hagerstown, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN CHISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alkelbral DUE TO, OR AS A CONSEQUENCE OF 1611. Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been TENDING PHYSICIAN: The law 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🔲 YES 🔲 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M Manth Doy Year (If either, notify medical exominer) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County State While Nat while at wark directar, page 3 should be de shauld be filed with the State causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE ATTENDING STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22a. ADDRESS 1LEON NAME (Type) 23¢ NAME OF CEMEYERY OR CREMATORY 23d. LOCATION (City or Town) 23b, DATE (State) 23g BUR AL, CREMATION, (County) 5-16-1968 rlington Nat Cemetery Fort Meyer
ADDRESS ZSG. REC D'BY REGISTRAR ZSG REGISTR Virginia 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC D'BY REGISTRAR VR A15 [4] 30M REV 1/68 Ochanles Jude Minnich Funeral Home Hagerstown, Md.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b HOUL requires that the death certificate be executed within 24 haurs after death (Type or print) Month MELVIN J. CARSON 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF JNOER TYEAR IF LIPIDER 2 LIES director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 <u>sbould be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after</u> last birthday) DAYS HOURS MALE WHITE FEBRUARY 16. 1905 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8 MARRIED NEVER MARRIED (ountry) U.S.A. YORK WIDOWED (X) DIVORCED WASHINGTON Md and completely filled IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b_KIND DE BUSINESS OR HAGERSTOWN ADV 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER 136, COUNTY YES V HAGERSTOWN CANNON AVENUE 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle UNKNOWN UNKNOWN physician 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT WEST'S WILSON BLVD. Yes_no_grunknown) HAGERSTOWN ROBERT MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) ase to immediate couse (a). signed by DUE TO, OR the haspital ar attending physician. stating the underlying couse PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been 196. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION 21d INJURY OCCURRED Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this heightal) attended the deceased from... be retained by 19/0) saw the deceased alive on A/A , and that in (my) (Six) apinion death occurred an the date and haur and from the causes stated above, (1) [WE) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ARTURO RIEGO 119 ANTIETAM ST. EAST HAGERSTOWN BUR AL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) ROSE HILL ADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15 (4) 1968 30M REV 1/68 HAGERSTOWN, MARYLAND. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost First 20. DATE OF DEATH 2b. HOUR the funeral 2 ages 1 and 2 rs after death. death Month 24 (Type or print) JOHN CASSIDY SR. May JOSEPH 2:15pm requires that the death certificate be executed within 24 hours after 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (in years IF JNOER I YEAR IF LINOER 24 HRS. MALE WHITE APRIL 27, 1895 lost birthday) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMURE, MD. U.S.A. WIDD WED DIVDRCED T WASHINGTON 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 126 KIND OF BUSINESS OR 12o USUAL OCCUPATION (Kind of work done HAGERSTOWN. MD. give street oddress) the attending physician and completely fist permit. Then please remove carbon burial, cremation, or removal, and in any event, wit 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER "HAGERSTOWN NO TY YES 🗔 HAGERSTOWN 1810 GILBERT 14. FATHER'S NAME Middle 15 MOTHERS MAIDEN NAME First Middle Lost T. CASSIDY ELIZABETH JOHN LAUTERRACH 1810 GILBERNIEN E. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, no orunknown) (If yes give wor or dates of service) 218_40_4119 RUTH M. HAGERSTOWN, MD. CASSIDY APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line) for (o), (b) and (s)) BETWEEN ONSET AND DEAT PART), DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS, A CONSEQUE signed by the buriol-transit p Conditions, if any, which gave) rise to mmediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse NOTHER SYCHIE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) be detached for use as the director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🏝 YES | 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 216. TIME OF INJURY 🗍 OR CONTR BUTING 📄 CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City of Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS 5/25/68 DEGREE DIRECTOR PHYS. 22d PHYSICIAN'S 22e. ADDRESS 300 N. POTOMAC ST NAME (Type) LARDIZABAL M.D HAGERSTOWN 230. BJRIAL, CREMAT ON REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 5/28/68 NEW CATHEDRAL CEM 1968 FEGISTRAR'S SIGNATURE OF **ADDRESS** 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) HAGERSTOWN. MD. DATE MAY taisom 30M REV, 1/6



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death (Type or print) Francis Massey Castle 2:30A JE UNDER 1 YEAR IF HADER 24 HRS. 6. AGE (In years 4. RACE S. DATE OF BIRTH 3 SEX lost_buthday) Nov. 19, 1897 Male White 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8 MARRIED TI NEVER MARRIED Brownsville, Md. and completely filled in ouriai-iransii permii. Then please remove carban papers burial, crematian, ar removal, and in any event, within 72 h U. S. A. DIVORCED [WIDOWED [Washington 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR vashington Co. Hospital during most of working life even if retired)
Public School Teacher the attending physician and completely the sit permit. Then please remove carban Hagerstown Education 13o. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY Washington NO T Brownsvill 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Castle Hoffmaster Noah Minnie 16b. SOCIAL SECURITY NO 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) Mrs. Marguerite Violet, Brownsville Md. 219-36-3794 W. Two 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY signed by the attendir burial-transit permit. San IMMEDIATE CAUSE (d' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (o). be retained by the haspital ar attending physician. stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. of Health priar to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🖂 NO TH 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1-2-, 1955, ta 5-26, 1968, that (I) (we) last saw the deceased alive an 5-26-1968, and that in (my) (our) apinion death occurred on the date and have and from the causes stated abave, (I) (we)/(did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 5-16-68 director, page 3 should be filed w DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S BOONSBORD SECONDARI NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 23g BURIAL CREMATION REMOVAL Specify) 5- 18- 68 Brownsville Cemetery Brownsville, Wash. Co., Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SEGNATURE ADDRESS 24 FUNERAL DIRECTOR VR ATS no VIII John H. Bast, Jr. 112 N. Main St. Boonsboro, Mobile 30M REV 1/68



MAKTLANU SIAIE UEPAKIMENI UF HEALIH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH requires that the death certificate be executed within 24 hours after death. (Type or print) Month Colston Sr. James Rush May the attending physicion and completely filled in by the funding permit. Then please remove corbon papers. Pages. 1 buijal-transit permit. Then please remove carbon papers. Pages.! burial, cremation, or removal, and in any event, within 72 hours offier 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (in years IF UNDER I YEAR F JNDER 24 HRS (ast birthday) DAYS MONTHS Colored Sept Male 30 1905 YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [X] NEVER MARRIED Township, Pa. USA Washington D.VORCED [uilford WIDOWED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if refired) Hote] Hagerstown Md County Hosp Washington 3a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland NO T Hagerstown 643 Penna 14. FATHER'S NAME Last Middle 15. MOTHER'S MAIDEN NAME First Eliza Richard Lerov Colston McMullen 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, qq.,or unknown) .61-12-1521 Mrs. Catherine R. Colston 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave) rise to immediate cause (a) signed by t DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or ottending **DEUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to NOUN 19o. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES F NO II 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 19 on the deceased alive an the deceased alive al 22c, DATE FIGNED ATTENDING STAFF PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230. BURIA CREMATION, REMOVAL (Specify) 23Ь. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION 0 250. REC'D BY REGISTRAR L REGISTRAR ADDRESS 25b VR A15 (4) 1968 30M REV, 1/68 DATE



| MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | |
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| FOR STATE | It. | em #2a, 2b film GMEDICALJEXAMINER'S CERTIFICATE OF DEATI | | | | |
| HEALTH DEPT, | 1 D | DECEASED NAME First Middle Lost | 2a DATE KNOWN Month D | oy Yeor 25 HOUR | | |
| ₩ 5 8 7 2 | | (Type or Print) GEORGE NMI COMBS | OF ESTI- 5 2 | 8 168 9/89 | | |
| and 3 | 3 5 | M B UNKNOWN APPROX 48 YRS IF LINDER 1 YEAR IF JUDER 24 HRS. MONTH'S DAYS HOURS MIN | 2c DATE PRONOUNCED DEAD Manth Day MAY 28 | Year 19 68 9:50 | | |
| EN X | | | DUNTY OF DEATH | | | |
| oat, soges I the fark | | TLKES, W.VA. U.S.A. UNWINOWID DIVORCED | WASHINGTON | M | | |
| G ve Pages ong with far the State | | HAGERSTOWN GIVE street oddress) WASHINGTON COUNTY | REPENDER even if retired) | BUSE BLDG. | | |
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| hin 24 hours natt in Hem 11 niner's Office pages Land 2 in harrs ofter d | .4 F | FATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME First | Middle Middle | Last | | |
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| within n pencil Examine File pagi | | WAS DECEASED EVER N L S ARMED FORCES? Yes, no. of unknown) (If yes give wer or dates of service) (If yes give were or dates or dat | DEPUTY PROTICAL I | POWN MD | | |
| ed and and and and and and and and and an | | 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY | | APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| xecuted nd ng in Medical permit. | | IMMEDIATE CAUSE (a) SUBDURAL EMPYEMA, RIGHT (POST O | | | | |
| be executed "pending" in hief Medical E ansit permit. Fevent within | | Cond trans, fany, which gave the rise to immediate cause (a), (b) DUE 10, OR AS A CONSEQUENCE OF SUBDURAL HEMATOMA. I PULMONARY EMBOLUS, | RIGHT LOWER AND | $10^{\frac{1}{2}}$ Days | | |
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| a. 4 + 7 | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS OF THE TERMINAL DISEASE OR CONDIT | ON GIVEN IN PART I(a) | | | |
| e, writing to forwarded forwarded as a emavol, an | TION | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION | | 20. AUTOPSY? | | |
| for the second | CERTIFICATION | MAY 18, 1968 MASSIVE SUBDURAL HEMATOMA | | YES K NO | | |
| | | 21g EXTERNA, CAUSE WAS 21b TIME OF NIURY Month, Day Year 21c HOW INJURY OCCURRED (Finter pa | ture of injury in Part 1 or Part 2, Item | 18.) | | |
| KAMINER: The the certification of the should by your files. Oge 3 should cremation, or | MEDICAL | PRIMARY TO OR CONTRIBUTING HOUR AM LAST OF DEATH 4:00 AM May 18,68 Ran thru barric | ade on Rt. 806 | | | |
| MIN The Triff | ME | #21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 12, f LOCATION Street or R.F.D. No. | City or Town | Caunty State | | |
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| se estockined | | death resulted fram: Natural causes , Accident X, Suicide , Hamicide | | | | |
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| DEPUTY PRESSORY, P Re funeral I may be re FUNERAL I eolth prior | | EXAMINER'S NAME (Type) E. W. DITTO JR. M.D. ADDRESS(Street, cty. | | U-J. 1700 | | |
| TO DEPUT necessory the funer 5 may bo TO FUNER Health | 230 | | 3d LOCATION (City or Town) (C | aunty) (State) | | |
| | | BURTAL 6/6/68 ROSE HILL CEMETERY H | AGERSTOWN WASHING | | | |
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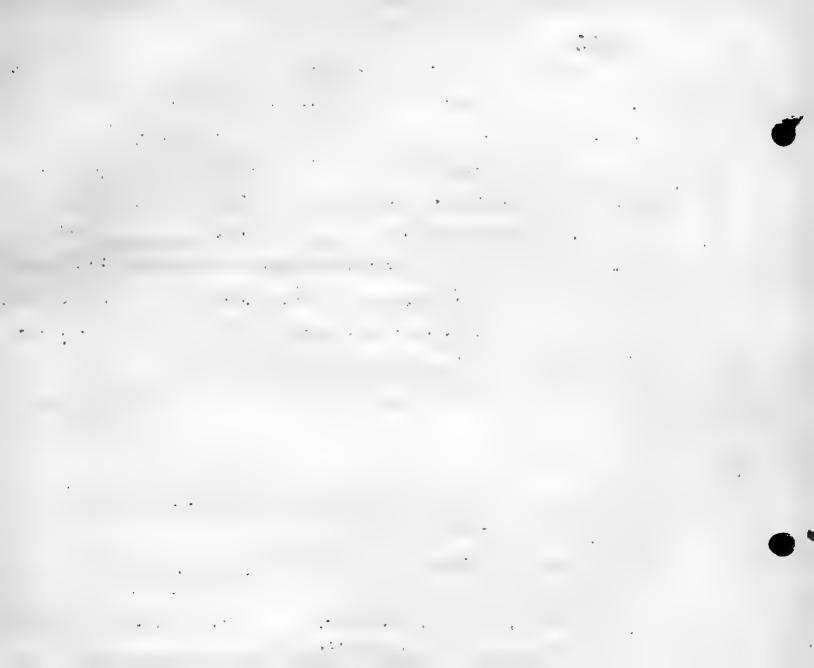
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| | | 76. CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | | |
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| 10. (| | qive street address) | ITUTION (If not in hospital 120. | USUAL OCCUPATION (Kind of work done a most of work no life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY | |
| 120 | | | | | OWN HOME | |
| | | 13b. COUNTY | VFC 🗔 | NO. | TOURDY CORNER | |
| 14. | ATHER'S NAME First | | THE THE TANK | | LOST LOST | |
| | MALLLIW | | | | HUFFER | |
| 160 | WAS DECEASED EVER IN U.S. ARME | D FORCES? 16b. SOCIAL SECURITY N | | | LBERRY ST. | |
| | es, no. of unknown) ** × | | MRS. EDNA S | | N. MARYLAND. | |
| | 18. CAUSE OF DEATH (Enter only | one couse per line tor (o), (b), and (c)) | 000 | 0-1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
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| | rise to immediate couse (a), | (b) | | | | |
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| MEDIC | (If either, notify medical examine | ar) P.M. 19 | ORY 1 215 LOCATION Street or D.E.C. |) No. City or Town | County State | |
| | Triang Hor Willie | OFFICE BUILDING, ETC. | 211 COORTION SHeet OF KIT | z. No. City of Town | COUNTY STORE | |
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| | saw the deceased ali | ve gn 1 | 993, and that in (my) (ater | ppinian death accurred an the da | te and hour and from the | |
| П | | (1) (NATATORIA) (NOTO CONT) VIEW THE I | oddy affer death. | 224 | PATE SIGNED | |
| 1 | Az | Julibon | DEGREE PHYS. | MED STAFE | 5/3/68 | |
| | 22d. PHYSICIAN'S | | 22e. ADDRESS | | | |
| | 9. | | | | WN, MARYLAND. | |
| 230. | BURIAL, (REMATION, 23b. D | · · | | | (County) (State) | |
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| 34 | 1600 A P. | ROUZER F | UNERAL HOME | | melas Judge | |
| | 7° E E COUT 10. CC 13° COUT 10. CC 13° COUT 14. F | 1 DECEASED-NAME (Type or print) EDITY 3. SEX FEMALE 7a BIRTHPLACE (Stote or foreign country) MARYLAND 10. CITY OR TOWN OF DEATH HAGERSTOWN 13a USUAL RESIDENCE (Where decease odmission) STATE MARYLAND 14. FATHERS NAME First WILLIAM 16b. WAS DECEASED EVER IN B. S. ARME Yes, no. prunknown) (if yes give wo was no. prunknown) (if yes give wo was no. prunknown) 18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE (AUSED OF DEATH WAS CAUSED OSTATE (In the print) print of the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITION (If either, notify medical exomine the property of work (In the print) print of work of work (In the print) print of work (In the print) p | DIVISION OF VITAL RECORDS, DECEASED-NAME First Middle (Type or print) EDITH ELIZABET. 3. SEX 4. RACE FEMALE WHITE 70 BIRTHPLACE (Stote or foreign Country) MARYLAND U.S.A. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INST give street address 1 NAME OF HOSPITAL OR INST give street address 1 NAME OF HOSPITAL OR INST give street address 1 NAME ASHINGTON WASHINGTON 13b. COUNTY WASHINGTON 14. FATHERS NAME First Middle Lost WILLIAM H. SHAN 160. WAS DECEASED EVER IN 1.5 A AMED FORES? Yes, no, prunknown) (1) yes give word or dones of service) (1) Yes give word or dones of service) (2) PART 1. DEATH WAS CAUSED BY ISS to immediate cause (a), starting the underlying couse (b), starting the underlying couse (b). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Work Of Wo | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, B CERTIFICATE OF DEAT I DECEASED-NAME (Type or print) First EDITH ELIZABETH COSS 3. SEX 4. RACE FEMALE WHITE JUNE 13. 70. BIRTHPLACE (Store or foreign Country) MARYLAND U.S.A. WIDOWED DIVORCED 10. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 10. USUAL RESUDENCE (Where deceased lived, firministrator Residence before 13c. CITY OR TOWN or DEATH HAGERSTOWN 13b. COUNTY WASHINGTON 14. FATHERS NAME FIRST MARYLAND 14. FATHERS NAME MILLIAM H. 15. MOTHERS MADEN NA WILLIAM H. SHANK 16b. WAS DICEASED EVER IN 15. SARRED FOREES? Yes, no, putnemown) 16 SARRED 17 SARRED 18 NASHINGTON 18 NASHINGTON SO HOSPITAL 18 NASHINGTON 19 SARRED 18 NASHINGTON SO HOSPITAL 19 SARRED 19 SARRED 19 SARRED 10 DIVORCED 110 DIVORCED 110 DIVING RESIDENCE 110 DIVING RESIDENCE 110 DIVING RESIDENCE 110 DIVING RESIDENCE 110 SARRED 110 DIVING RESIDENCE 110 DIVING RESIDENCE 111 NAMEDIALE CAUSE (o) SHANK 112 DIVING RESIDENCE 113 DIVING RESIDENCE 114 FATHERS NAME 115 MOTHERS MADDEN NA WASHINGTON 116 SOCIAL SECURITY NO 117 INFORMANT VEST WASHINGTON 118 CAUSE OF DEATH 119 DATE OF OPERATION 110 DATE OF OPERATION 110 DATE OF OPERATION 119 DATE OF OPERATION 110 DATE OF OPERATION 110 DATE OF OPERATI | Comparison Com | |



MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20 DATE OF DEATH 26 HOUR M. (Type or print) Rebecca Delauder Manth 10:40 May S DATE OF BIRTH The law requires that the death certificate be executed within 24 hours after 3. SEX 4 RACE 6 AGE (In years IF UNDER TYEAR 1F LINDER 24 HRS urs of t lass (dirthday) HOURS filled in by the Sept. 17, 1881 White Female 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED burial, crematian, ar remaval, and in any event, within 72 M Maryland Washington USA WIDOWED DIVORCED [] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR I give street address) Church Home during-most of working life, even if retired.) INDUSTRY HOME Williamsport campletely 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE Hagerstewn 19 Reessner Ave Maryland 14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Lost Small. Ellsworth Sarab Davis attending physician opermit. Then please 16b SOCIAL SECURITY NO 17 INFORMANT Coffman Ave. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) 220-26-2476-JI W. Davis Delauder Hagerstewn, Maryland21740 No APPROX MATE INTERVA. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY signed by the attendir burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) D FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO | 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH Page 4 may be retained by the haspital HOUR A.M. Month Doy Year P.M (If either, not fy medical examiner) (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1968, to 1868, to 1869, 1968, that (I) (we) last saw the deceased alive an 1969 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) OTTTad, WA 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION 23b, DATE (Caunty) (State) Sharpsburg, Washington, Maryland 0 Mt. View Cemeterv 24. FUNERAL DIRECTOR ALBERT L. Williamsport, Maryland. 30M REV.

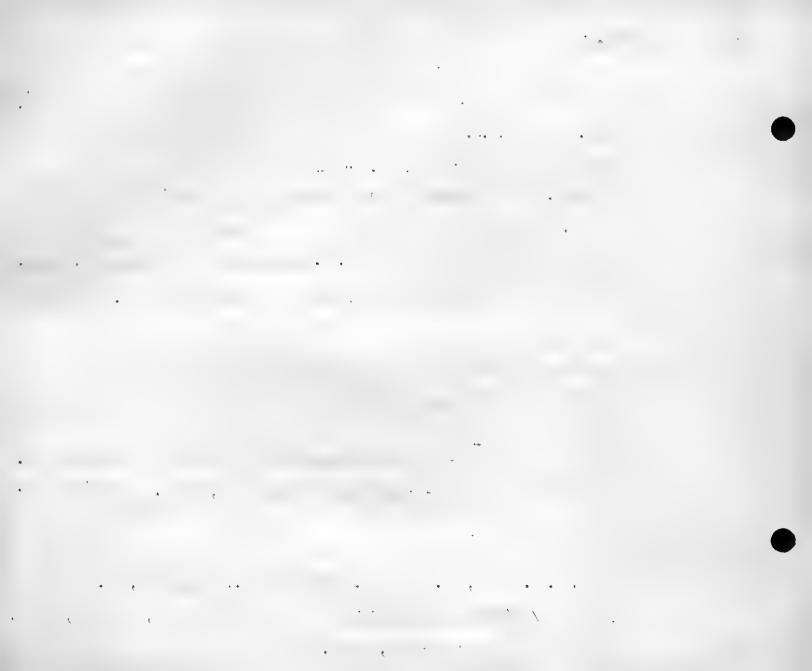


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| rtificate ohysicia en pleas ival, an | WAS DECEASED EVER IN U.S. ARMED FORCES? The no. or unknown) (If yes give wor or dates of sorvice) 215-36-6307 (ronge W. Deleuter Cabillasvill | a Md |
| eath cei inding p nit. The | 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OREN FY CONVERGE OF CONV | ID DEATH |
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| G PHYS the has this ce detache | 21d INJURY OCCURRED While Not wh'le at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. PACTORY) 21f. LOCATION Street at R.F.D. Na. City at Tawn County | State |
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| OR AT be reta DIRECTO | 226. SIGNATURE John Jt Home Can day In D DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED 1-10-60 | |
| SPITAL 4 may NERAL tar, pag ild be fil | 22d. PHYSICIAN'S John H. Hornbaker, M.D. 22e. ADDRESS 154 V.est V.ashington St., Hagerstown, Md. 21740 | |
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| VR A15 (4) 30M REV 1/68 | suneral director 256. Record of Son Record By Registrar 256. Record of Son Record of S | ye. |



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 26 HOUR DECEASED NAME Middle death. (Type or print) Month Day Year DUNCAN 1968 HOWARD WILLIAM offer 3 SEX 4 RACE S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS May 16 YRS. Male White 1893 requires that the death certificate be executed within 24 hours 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) completely filled in Penna U.S.A. WIDOWED DIVORCED [Washington Ξ Hospital Labora fife, even if retired.) 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) INDUSTRY please remave carban burial, crematian, ar removal, and in any event, wy Retired Wash County Hagerstown 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER 136 COUNTY odmissian) STATE YES NO 26 W. Baltimore St ashington Maryland Middle 14. FATHER S NAME Middle 15 MOTHER'S MAIDEN NAME First and First Lost Upton Duncan Anna Rever physician en please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address [III yes give wer or dates of service) Yes, na, or unknown) 26 W. 188-12-495 Mrs Mary Duncan 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the attendir burial-transit permit. IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? 110u NO DE YES I 216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCSURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) HOUR A.M P.M INJURY OCCURRED 2 TO PLACE OF INJURY AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or INED No. City or Town County Stote While Not while of wark 22a. 1 certify that (1) (this haspitel) attended the deceased from 176, and that in (my) (our) opinion death accounted an the date and hour and from the causes stated above, (1) (wo) (did) (did not) view the body after death. 22b. SIGNATURI ATTENDING STAFF DEGREE **PHYS** DIRECTOR PHYS. 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) **/**68 Rose Hill Cemetery Hagerstown Wash Co Md 2Sb REGISTRAR S **ADDRESS** 250 REC'D BY REGISTRAR SIGNATURE 24. FUNERAL DIRECTOR Hagerstown 968 Coffman Funeral H ome Inc 30M REV. 1/68

| 1/ | 1 | | DIVISION | | | | AKTMENT OF N STREET, BALT | | LAND 2120 | 1 | | |
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| d will in pe I Exar . File in 72 | | 18. CAUSE OF DEA! | TH (Enter only | one couse per one fo | or (o), (b), and | | | | | | APPROXIN | MATE NTERVAL NSET AND DEATH |
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| any any | | stating the underly | | DUE TO, OR AS | A CONSEQUENC | E OF | | | | | | |
| shauld be executed ne ward "pending" in the Chief Medical burial-transit permit. | | last | , | (c) | | | | | | | | |
| KAMINER: This certificate shauld be executed within 24 haurs after death te the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, se 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm your files. age 3 should be used as a burial-transit permit. File pages 1 and 2 with the Samu Decremation, ar remayal, and in any event within 72 haurs after death | | PART 2. OTHER SIGNIF | FICANT CONDITI | ONS CONTRIBUTING | TO DEATH BUT | NOT RELATED | TO THE TERMINAL DI | ISEASE OR CONDITION | ON G VEN IN PA | RT 1(o) | | |
| rritin rritin vard val, | NOI | 190 DATE OF OPERAT | TION | 1196 | CONDITION F | OR WHICH OF | FRATION | | | | 20 AUTO | ecy2 |
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| Certiff certiff rauld les. should itan, | MEDICAL | PRIMARY OR CON CAUSE OF DEATH | TRIBUTING [| HOUR PM | . 02 | | | | | | | |
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| ory please everal director. Be retained RAL DIRECTOR Pring to builting | | ACTUAL SIGNATURE | 1.00 | 1 An | 1/2/ | | | ISTANT MEDICAL EX | | 22b DATE | | |
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| O DEPUTY necessary, the funero 5 may be O FUNERA Health pr | 22- | BUR AL CREMATION, | 23b D | | Jr. | | V. Washi | | LOCAT ON (Cit | | ((aunty) | (State) |
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| | 24 | FUNERAL DIRECTOR | | 1/1 | | DDRESS | Er alle glag | 2Sa. REC'D BY RE | GISTRAR | 25b. REGISTRAR'S | SIGNATURE | 1 CHUS |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOLE Middle Last 2a. DATE OF DEATH DECEASED-NAME First after death. s. Pages 1 and 2 hears after death (Type or print) Month Year JAMES RUSSELL FLEET 23 Mav 3. SEX 4. RACE 5 DATE OF BIRTH IF LINDER I YEAR 6. AGE (In years last birthday) CAYS Nov. 3 1908 Male hours 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED [77] NEVER MARRIED [77] country) DIVORCED [director, page 3 should be detoched for use os the buriol-tronsit permit. Then pleose remave carbon poper. Thould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 U.S.A. WIDOWED -Maryland Washington 24 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within INDUSTRY itcher Hospital most of working life even if retired.) give street oddress) Wash Hagerstown 13a USUAL RES-DENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE YES. Hagerstown 311 Jefferson St 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Last Last Bessie Cooper Frank R. Fleet 16b. SOCIAL SECURITY NO 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) Mrs Ruth Highbarger 1011 Main APPROX MATE INTERVAL BETWEEN ONSET AND DEATH Hagerstown Md. 1B. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditians, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSECUENCE Page 4 may be retained by the hospital or ottending physician.

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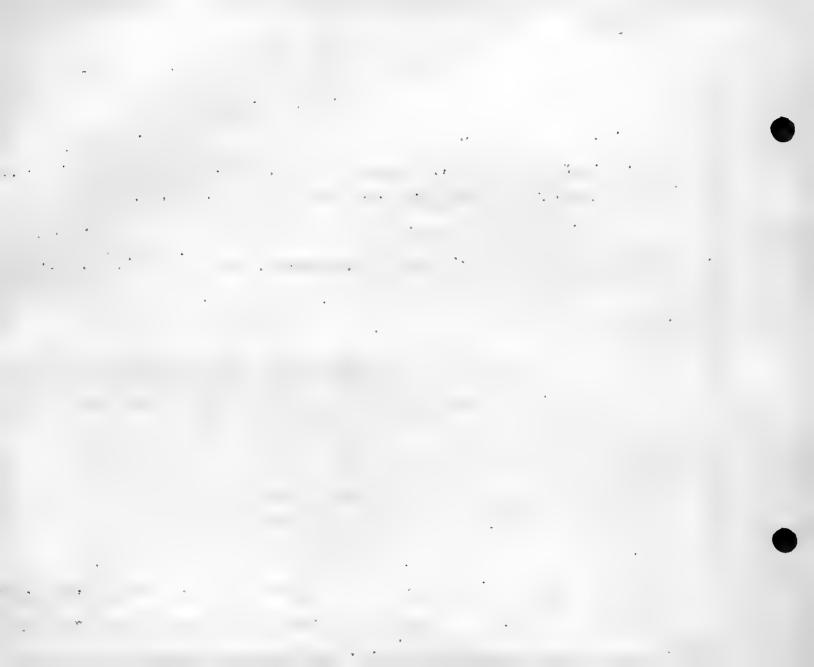
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME First Middle Last 25 HOUR death. law requires that the death certificate be executed within 24 haurs after death (Type or print) **DEUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, pame 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages formally shauld be filled with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs offer <u>deat</u> Franz Lina Mocker S. DATE OF BIRTH 6 AGE (in years 3 SEX 4 RACE F JADER I YEAR IF UNDER 24 HRS last birthday] DAYS White September 12,1890 Temole 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED country) USA Washington WIDOWED I DIVORCED [четкапи 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 126 KIND OF BUSINESS OR give street address) during most of working, fe, even if retired.) Own Home Hagerstown lackson Convalescent Home 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 138 INSIDE CITY LIMITS? 13c CITY OR TOWN 13e. STREET AND NUMBER admissian) STATE 13b, COUNTY Washington YES X NO [Jagerstown 14. FATHER'S NAME First Middle Last 15. MOTHER S MAIDEN NAME First Last Philip Mocker Kathrun Bachman Address Hageratown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na or unknown) Mr. Carl H. Franz 233 Mealey Parkway 220-46-2288 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ZUNK IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Mat while at wark '---' at wark 22a. I certify that (I) (this haspital) attended the deceased from ________, 19 62-, ta______, 1985____, that (I) (we) last saw the deceased alive on ________, 1985___, and that in (h) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b SIGNATUR 22c DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22d PHYSICIAN S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE 23a BUR AL, CREMATION, (County) REMOVAL (Specify) Hagerstown-Washington-Md. May Rest Haven Cemetery 0 25b. REGISTRAR Rest Haven Funeral Chapel Hagerstown, Md. 30M REW 778

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| 14- | | | 00064 | DIVISION OF VITAL RECORDS, | CERTIFICATE OF L | | MAKYLAND 21201 | r 1 | 47 |
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| | funeral funeral or and 2 | (| (ype or print) ETHE | L ELIZABETH | GAY | | Mayonth 5 | oy 1 968 | |
| | e 15/ e | 3. 5 | | 4. RACE | S. DATE OF BIR | | 6 AGE (In years | | F UNDER 24 HRS. |
| | 3 8 6 | L | Female | White | Aug. | 15, 1923 | lost bythday) YRS | | HDURS MIN. |
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| | be exe | 14. | FATHER'S NAME First Raymond La | Middle Lust wrence Gay | IS. MOTHER'S MAIL | | abeth Hetz | el | Last |
| | ate icior ileos anc | 160 | WAS DECEASED EVER IN U.S. ARME | nt dates ou service) | 17 INFORMANT M | iss Bett | y Ann Helmb | leton | |
| | rtific phys an p | | (es, ng, or unknown) (If yes give wor | ne 217-12-2 | | | erry, W.Va | 2542 | 5 |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after Poge 4 may be retained by the hospital or otherding physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in byter director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers Pages Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the contraction of the prior to burial, cremation, or removal, and in any event, within 72 hours of the prior to burial. | | PART I. DEATH WAS CAUSED | E CAUSE (a) | rang Thro | mbos | | APPROXIMA BETWEEN DISS | E INTERVAL IT AND DEATH |
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| | w requiring phasen significations in the burner of the bur | N. |) . " | OITIONS CONTRIBUTING TO DEATH BUT N | | | | | |
| | The loop of the loop of the loop has be as the prior | CERTIFICATION | | ONDITION FOR WHICH OPERATION WAS PE | YES [| N ∂\€X | 205. IF YES, WERE FINDINGS CAUSES OF DEATH? | | IFYING |
| | ICIAN: ortol or rificate d for u | MEDICAL CE | 21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examine | HOUR A.M. Month Day Year P.M. 19 | , | | of injury in Part 1 ar Part 2 | , Item 1B.) | |
| | he hosp this cer detache b Dept. | ME | 21d INJURY OCCURRED 21e. P While Not while at work at work | PLACE OF INJURY (AT HDME FARM, STREET, FAC OFFICE BUHLDING, ETC. | | / /- | City or Town | County | State |
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| | OR ATT be retoin IRECTO e 3 sho ed with | | 22b. SIGNATURE | W. lellan | DEGREE PHYS. | | STAFF C 22c | LAIL TI | 1968 |
| | SPITAL 4 moy l IERAL D or, pogi d be file | | 22d PHYSICIAN'S NAME (Type) | V. Levan 1 | 1. L) 22e. ADDR | | lo00, 22 | ed. | |
| | Hour Choul | 230 | BURIAL, CREMATION, REMOVAL (Specify) 23b. DA | | CEMETERY OR CREMATORY | | OCATION (City or Town) | (County) | (State) |
| | 5-5-00 | | FUNERAL CIPIETOR // // | /8/68 Sample | es Manor Cer | metery S | amples Mar | or, Wash | . Md. |
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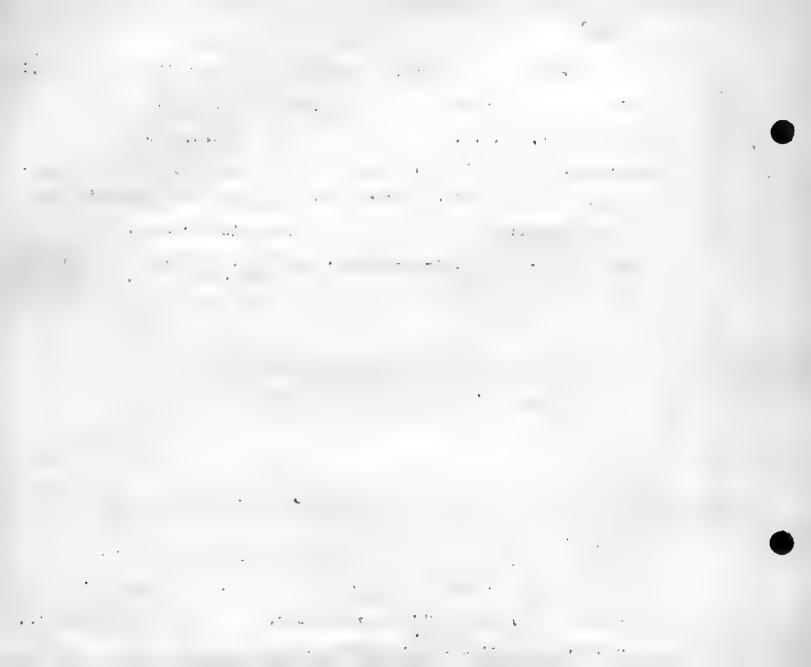
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| | eat | S.A. | | (T | pe or print) ELLEN | Ţ | IRGINIA | GEHR | | Month Day | Year / 68 | 1:004 |
| | b re | -131 | 1 | 3. SE | | 4. RACE | LIMINIA | S. DATE OF BIRT | TH | 6. AGE (In years | IE UNDER 7 YEAR | IF UNDER 24 HRS. |
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| | am am | ove / | - 1 | ounn | sion) STATE MARYLANI |) 138 COUNTY WAS | HINGTON | HAGERSTOWN | YES X NO | 34 LAUREL ST | REET | |
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| | cate | nsit permit. Then please matian, ar remaval, and | | 16a. Ye | WAS DECEASED EVER IN U.S. ARM | Taxana da camaca) | SOCIAL SECURITY NO | | | GIBB 3 ddre F CO | AD, | 11.44 |
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| | h ce | E E | | | CAUSE OF DEATH (Enter onf PART 1. DEATH WAS CAUSED | y one couse per line fo | r (o), (b), ond (c)) | / | , | P | | AATE INTERVAL NSET AND DEATH |
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| | e d | peri | | | 4109 | DUE TO, OR AS A | | 1, 1, | · 4 | N | | |
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| | phy sign | burial-transit burial, cremati | | | PART 2. OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING | TO DEATH BUT NO | | DISEASE OR CONDITIO | ON GIVEN IN PART 1(o) | | |
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| | e la tenc | as | 1 | CERTIFICATION | 196. DATE OF OPERATION 196 (| CONDITION FOR WHICH C | PERATION WAS PER | | | 206 IF YES, WERE FINDINGS C CAUSES OF DEATH? | ONSIDERED IN CE | RTIFYING |
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| | AN: | Tar He d | | | 210 ACCIDENT WAS UNDERLYIN □ OR CONTRIBUTING □ CAUSE OF DEATH | | JRY onth Doy Yeor | 21c HOW INJURY OCCU | RRED (Enter noture | of injury in Port 1 or Port 2, | Item 18.) | |
| | State | pa af | | MEDICAL | (If either, notify medical examin | er) P.M. | 19 | | | | | |
| | HY 6 | ach | | 2 | 21d INJURY OCCURRED 21e. | PLACE OF INJURY (AT H | ome, farm, street, facti Ce Building, etc. | DRY,) 21f. LOCATION Street | or R.F.D. No. | City or Town | County | Stote |
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| | EN Sed | 를 다 | | | 22a. I certify that (I) (tb) saw the deceased al causes stated abave | (i) twer (die) (die | met view the b | adv after death. |) Kosisi ahunan a | eam accurred an the ac | ire una naur c | ma trom the |
| | ATI Stair | 를 다 | | | 225. SIGNATURE | वाद | 1 | | | 22c. | DATE SIGNED | |
| | OR ATTENDIN be retained by DIRECTOR: After | ლ <u>></u> | | | Pland a | - //- | 11 | DEGREE PHYS | MED. DIRECTOR | STAFF PHYS. | 5/6/68 | |
| | A V | E E | , | | 22d. PHYSICIAN'S | 1 | 1 | 22e. ADDRI | ESS | | 71.51.55 | |
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| | Page 4 | aula | 16 | 23o | BUR AL, CREMATION, 236. D | DATE | 23c. NAME OF C | EMETERY OR CREMATORY | 23d. | LOCATION (City or Town) | (County) | (Stote) |
| | 5 P 0 | 음문 | グ | | REMOVAL (Specify) BURIAL 5 | 17/68 | REST | HAVEN CEMETER | RY H | AGERSTOWN W | ASH. CO | MD |
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| | 31 | OM REV 1/6 | 8 | 1/1 | elson L. Esch | Chercie HA | GERSTOWN | | DATE | 0 10CD ml | inlas & | udge |
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MAKTLANU STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Last Middle 2n. DATE OF DEATH after death (Type or print) Month PE TER EDWARD GOODMAN 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR DAY5 last birthday) MONTHS HOURS April Male White 1897 24 hours 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED * NEVER MARRIED WIDOWED . DIVORCED T U.S.A. Washington
12a USUAL OCCUPATION (Kind of work done New York City burial, crematian, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR requires that the death certificate be executed within, give street oddress) during mast of warking life, even if retired)

Merchant INDUSTRY attending physician and campierery permit. Then please remave carban Avalon Manor Hagerstown 130 USJA, RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY HAUTS? 13b COUNTY WashingtonHaderstown NO 2021 Virginia Ave Maryland 14 FATHER S NAME 15. MOTHER S MAIDEN NAME First Middle Middle Last Emil Goodman Katherine Schwartz 166 SOCIAL SECURITY NO. A 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Ave Yes, na, or unknown) 214-01-8204Mrs Esther S. Goodman 2021 Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. Hagerstown BETWEEN ONSET AND DEATH ulmohary IMMEDIATE CAUSE (a) Harman-Rich Syndroma DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AVITOPSY? CAUSES OF DEATH? NO 🖂 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Fort 2, Item 18.) HOUR A.M OR CONTRIBUTING CAUSE OF DEATH Manth Day Year P.M (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F D Na 21e. PLACE OF INJURY City or Town County State While Not while at work director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS 22e ADDRESS PHYSIC ANS NAME (Type Charles Spencer 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stofe) 230 BURIAL, CREMATION 23b DATE (County) B'Nai Abraham Cem. 2 Hagerstown Wash Co Md agerstown MdDDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A1 K. Coffman Funeral Home Ind DATE 30M REV

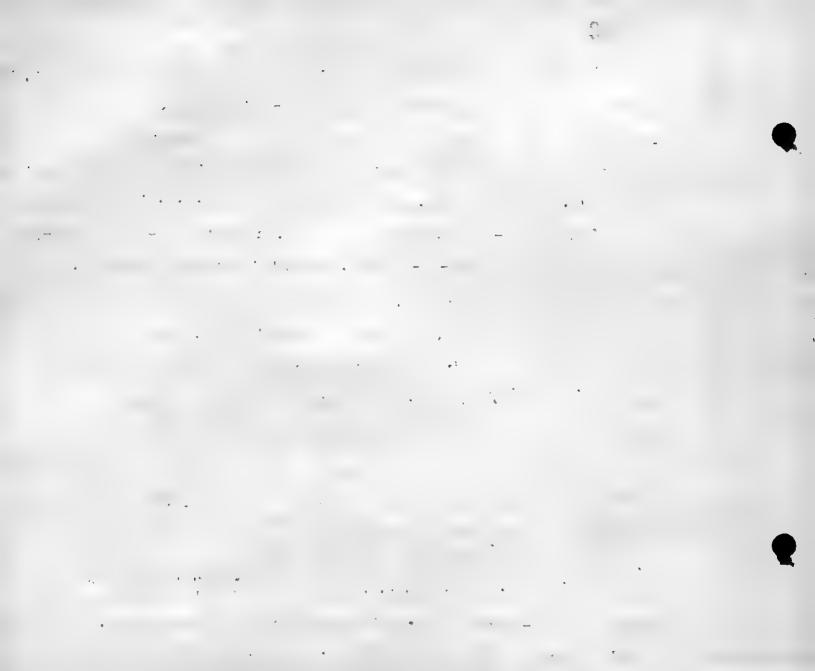


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 A 64 4 CERTIFICATE OF DEATH DECEASED NAME First Last 2b. HOUR death. aurs after death (Type or print) DSEPH 4 RACE A GE (In years IF UNDER 24 MRS last birtiday) MONTHS YRS. 9. COUNTY OF DEATH 7o, BIRTHPLACE, (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED | NEVER MARRIED | WASHINGTON DIVORCED WIDOWED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within burial, crematian, or removal, and in any event, with HAGERSTOWN give street address) during most of working life, even if retired) INDUSTRY remove carban WESTERN MD. STATE HOSPITAL WOE 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 134 INSIDE CITY LIM TS? COUNTY / YES NO 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle signed by the attending physician burial-transit permit. Then please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na or unkrlown) 73-03-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PARY I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse be retained by the hospital or attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior tal FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b TIME OF OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a I certify that (I) (this hospital) attended the deceased from March 13, 19 68, to May 19, 19 68, that (I) (we) last saw the deceased alive on May 18, 19 68, and that in (my) (aur) opinion death accurred an the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 4 22c DATE SIGNED ATTENDING PHYS. orcuneula DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S SCIUNCULA Kennsyl vama NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 230. BURIAL, CREMATION, (County) (Stote) PENGYALISECTY) 5-22-68 Rest Haven Cemetery Hagerstown. **ADDRESS** 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Minnich Funeral Home Hagerstown, Md. 30M REV

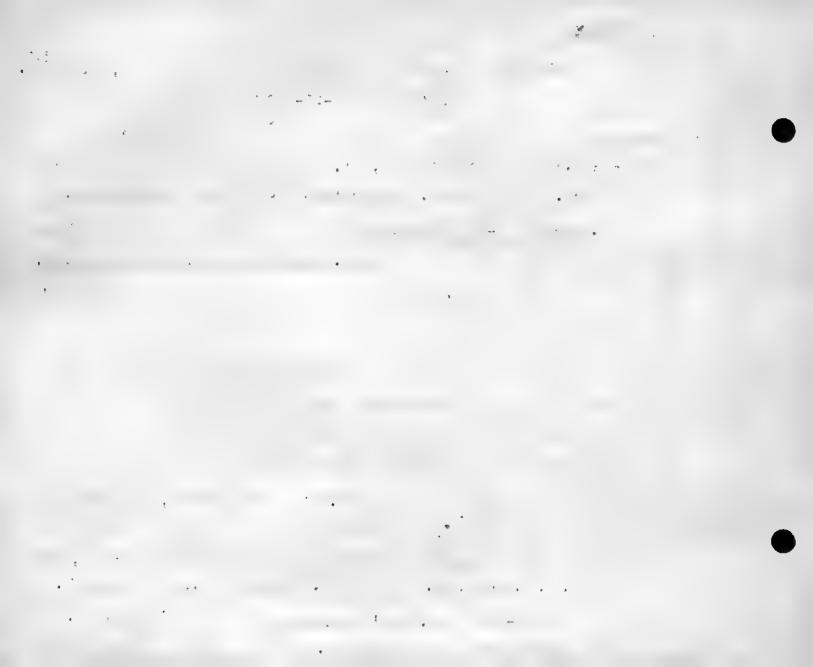
MARYLAND STATE DEPARTMENT OF HEALTH



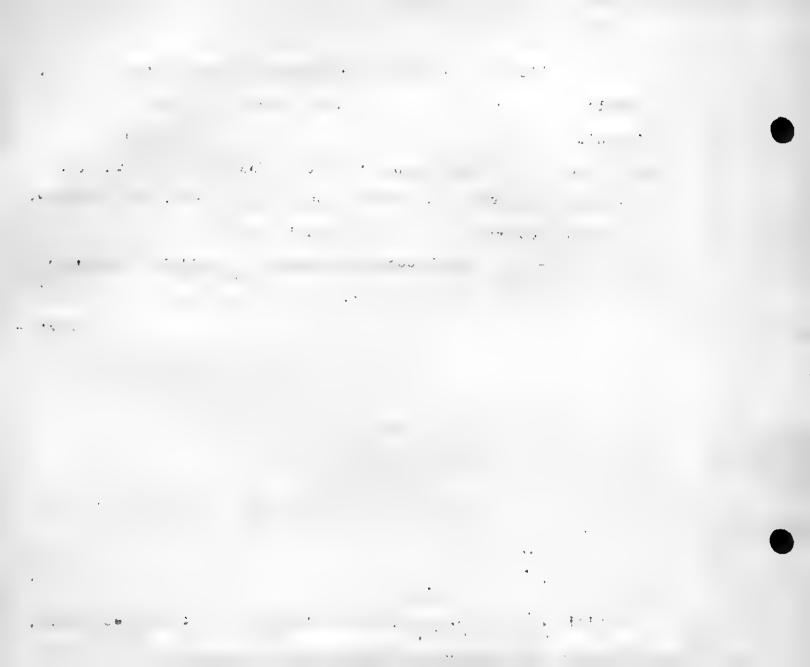
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| ₽ _2- | Ė | | CEASED-NAME First | | Middle | | Lost | | DATE OF DEATH | Day | Vonce | 2b. HOUR |
| dea | 8 | (I | (Type or print) James Walter Grimm May 5 | | | | | | | | 1968 | 10:20 |
| ter death funeral | <u>ā</u> | 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (n years | | | | | | | | | | JNOER 24 HRS |
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| an on | | 70. E | 70. BIRTHPLACE (Stote or foreign Country) 75. CITIZEN OF WHAT COUNTRY? 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) WIDOWED X DIVORCED Washington | | | | | | | | | |
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| amp | eve | burni | Md. | 130. COD | Wash. | Hagel | stown ' | res 🔲 No 🔀 | R.F.D.# | | | |
| eme eme | g , | 14. F | ATHER'S NAME First | | ldle Lost | | S. MOTHER'S MAID | | | ddle | | Lost |
| be n | = | | Dougla | s - | - Grim | | | Marga | | | Kidw | iler |
| ate | ğ | 160 | WAS DECEASED EVER IN U.S. ARM | ED FORCES? | 16b. SOCIAL SECURITY | | INFORMANT | | | lress | | |
| Aiffi Shys | No. | | es, no, or unknown) (If yes give wo | | 212-14-6 | 557AM1 | r. Haro | <u>ld Gri</u> | mm Hagers | town, I | APPROX MAT | T INTO AL |
| - G G G G G G G G | E E | | 1B. CAUSE OF DEATH (Enter onl | y one couse | per line for (o), (b), and (o | 1.) | | | | | BETWEEN ONSE | |
| eath | 5 | | PART 1. DEATH WAS CAUSED IMMEDIA | TE CAUSE (a) | Coruce a | ug | Occu | suin | <u> </u> | | 301 | Luc. |
| e d affe | gu, | | -1/1 | DUE TO | , OR AS A CONSEQUENCE O | | | , | ` ; | | | |
| t the sit [| nati | | Conditions, if only, which gove a rise to immediate couse (a). | (ъ | Materia | 5 clero | fee h | ECCIT- | Diseuse | | 20 | y |
| tha on. by | Te I | | stoting the underlying couse | DUE TO | , OR AS A CONSEQUENCE O | F. / | ^ | 2 | | | 20- | U |
| res sicie | P. | | iost 4 | (0 |) Seu (1 | 418 11 | | elder | | | 300 | re |
| phy sign | Da l | | PART 2. OTHER SIGNIFICANT CON | DITIONS COM | / / | NOT RELATED 1 | O THE TERMINAL I | DISEASE OR COND | ITION GIVEN IN PART 1(0) | | | |
| w re ring the | 2 | g | Inastote | Ily | perpellely | | eujn | | | 20102 2010100 | 200 11 100 | 150110 |
| PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death he haspital or attending physician. This certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remove carban, pages, agad is a solution of the purial permit. | ž V | CERTIFICATION | 190 DATE OF OPERATION 19b. 0 | CONDITION FO | OR WHICH OPERATION WAS I | PERFORMED | 20o. AUTOPS | | 20b. IF YES, WERE FINI CAUSES OF DEATH? | DINGS CONSIDER | RED IN CERT | IFTING |
| The aff | = / | RTIFI | | | | | YES 🗀 | NO 🗆 | | | | |
| AN: Il or cate ar u | e | | 216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH | | IME OF INJURY A.M. Month Day Yes | | IOW INJURY OCCUI | RRED (Enter not | ure of injury in Port 1 or | Port 2, Item 18 | ş.) | |
| Self-file | t | MEDICAL | (If either, notify medical examin | er) | P.M. | 19 | | | | | | C 1 |
| HYS has | ep† | 22 | 21d. INJURY OCCURRED 21e. While Not while | PLACE OF IN | JURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | ACTORY.) 21f. 1 | OCATION Street | or R.F.D. No. | City or Town | Cour | γιγ | Stote |
| the the det | <u>ء</u> | | of work — of work | | | | 37 73- | 10 / - | | 10 /06 | al-a (| D. Court Lord |
| be be | Sta | | 220. I certify that (I) (thi | s hospital | attended the deceo | sed from | d that in (my) | , 19 <u></u> | n death accurred an | the date on | _, mar (i | od from the |
| OR ATTENDING De retained by the NIRECTOR: After te 3 shauld be de | ± e | | causes stoted above | , (I) (we) | (did) (did net) view th | e body after | death. | (wer) opinio | ii deam accorred an | ine date on | d habi ai | id trotti the |
| Sha Sha | Ę | 1 | 22b. SJGNAJURE | | () 11 | | | HEN | CTAFF | 22c. DATE SI | | |
| OR Se re | <u>≯</u> | ı | Solward | 117 | 1/10 T | ≠ DEG | REE PHYS. | DIREC | TOR STAFF D | 5-6 | 6-68 | |
| Al. | # 1 | | 224 PHYSICIAN'S | | | | 22e ADDRE | ss 217 W. | Washington | Stree | t | |
| PIT. | d be | | NAME (Type) | ira W. | Ditto, III, | | | Hagers | stown, Maryl | and | | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician. For Euneral Directors, After this certificate has been signed by the attending physician and campletely filled in by didirector, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. | 7 8 | 23 o | BURIAL, CREMATION, 23b. I | | | F CEMETERY O | | | d LOCATION (City or Tow | | vnly) | (Stote) |
| 0 0 o | 2 7 | E | REMOVAL (Specify) 5- | 8-19 | 68 Rose | Hill | Cemete | ry | Hagerstow | | | |
| | 115 141 J. | 24. | FUNERAL DIRECTOR | | ADDRE | | | 25o. REC'D BY RE | GISTRAR 256 REGI | STRAPTE SIGNA | RE Da | del |
| | EV 1/68 | | Minnich Fune | ral . | Home Hager | stown | , Ma • | DATE MAY | 3 1300 | T | 0 | 0 |



MARYLAND STATE DEPARIMENT OF HEALTH

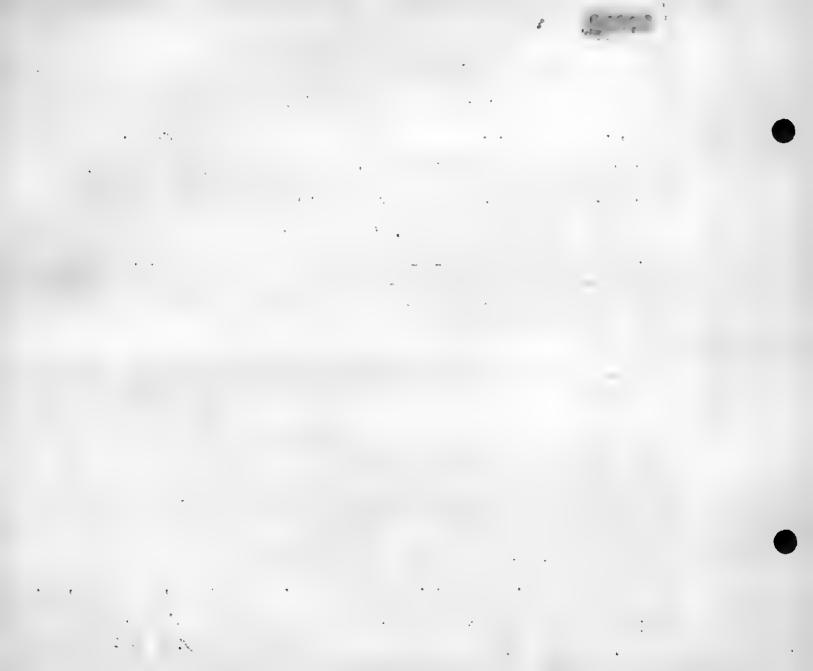


| | MARYLAND STATE DEPARTMENT OF HEALTH |
|---|--|
| 1 > | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| 2 8300 | CERTIFICATE OF DEATH |
| | |
| ਵੇਵੂ ਵੇ | (Type or print) Month Doy Year |
| rer death funeral s*1' and 2 ter death | WILDA PAULINE GUESSFORD May 24 1968 3.20 M |
| after death the funeral ges 1' and 3 after death | 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years If UNDER 14 FOR MONTHS DAYS HOURS MIN |
| | Funale White Aug 1 1905 62 YRS. |
| a go | 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH |
| 4 1 22 | Virginia USA WIDOWER DIVORCED Washington Md |
| filled pape | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12) KIND OF RUSINESS OR |
| within 24 haurs lely filled by ban papers po | give street address) during most of working life, even if retired) INDUSTRY |
| | Hagerstown Mash County Hospital "ousewife Own Home 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER |
| mplanding 1/ | Indmission) STATE 113h CONNTY |
| Car Car | |
| and rem | 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost |
| se dir | Aaron Godlove Mamie Smith |
| an cate | 16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (if yes give was or dates of service) |
| A P P P P P P P P P P P P P P P P P P P | No No Record Mrs Bernal F. Leasure 140 Penna Ave |
| e de la ce | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) Narren On 10 APPROXIMATE INTERVAL BETWEEN DINSET AND GEATH |
| aff Free read | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Broncho Anoum one Zalay |
| de iffer n, a | DUE TO, OR AS A CONSEQUENCE OF |
| the control the | Conditions, if ony, which gave) the partie Leveline Weltons |
| y the | rise to immediate couse (a), |
| The law requires that the death certificate be executed within attending physician. The bear signed by the attending physician and campletely five as the burial-transit permit. Then please remave carban high priar ta burial, are materian, ar removal, and in any event, with | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF |
| uire hysi gne pria | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) |
| 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | THE TOTAL STORING AND THE TENENT OF STATE OF THE TENENT STATE OF COMMING OF THE TENENT |
| e law re tending 1s been as the priar ta | 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING |
| The law reatending has been see as the family harman | 200. ADIO PS OF DEATH? |
| | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO NO CAUSES OF DEATH? 1216. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED. (Enter notice of injury in Port 1 or Port 2. Item 18.) |
| | |
| 可能電子を | (If either, notify medical examiner) P.M. 19 |
| has has ce softe | |
| ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate should be detached far uith the State Dept. af Head | at work - at work - |
| by the fifter per State | 220 Legify that (1) (this hashital) attended the deceased from Nov 28, 196/10, 5/24, 1968, that (1) (we) lost |
| A A S | sow the deceased alive on 3/24/62 19 and that in (my) (our) apinion death occurred on the date and hour and from the |
| S S S S S S S S S S S S S S S S S S S | couses stated above, (1) (we) (did) (did not) view the body after death. |
| OR ATTENDING PHYSICIAI be retained by the haspital JIRECTOR: After this certifica e 3 should be detached fail ed with the State Dept. af H | 22b. SIGNATURE 22c DATE SIGNED 22c DATE SIGNED |
| OR be r DIRE | Kow Vu Camphell DEGREE PHYS DIRECTOR D STAFF D 5/25/68 |
| AL AL Page e fill | 22d. PHYSICIAN'S NAME (Type) ROBT V. I. Campbell 22e. ADDRESS Hage ERSTOWn und. |
| O HOSPITAL OR ATTENDING PH Page 4 may be retained by the ho O FUNERAL DIRECTOR: After this director, page 3 should be detac | NAME(Type) Kobi V. L. Campbell Halbers own mc. |
| Hed Hed | 230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stole) |
| 5g 5 g 2 | REMODIAL (Specify) B urial 5/27/68 Cedar Lawn Mem Gardens Hagerstewn Wash Co Md. |
| VRAGO | 24. FUNERAL DIRECTOR Hagerstown McDDRESS 250 REG D BY REGISTRARS SIGNATURE MAY 2 8 1968 |
| 30M REVENOR | Andrew K. Coffman Bungaral Home The Date MAI 20 1300 |

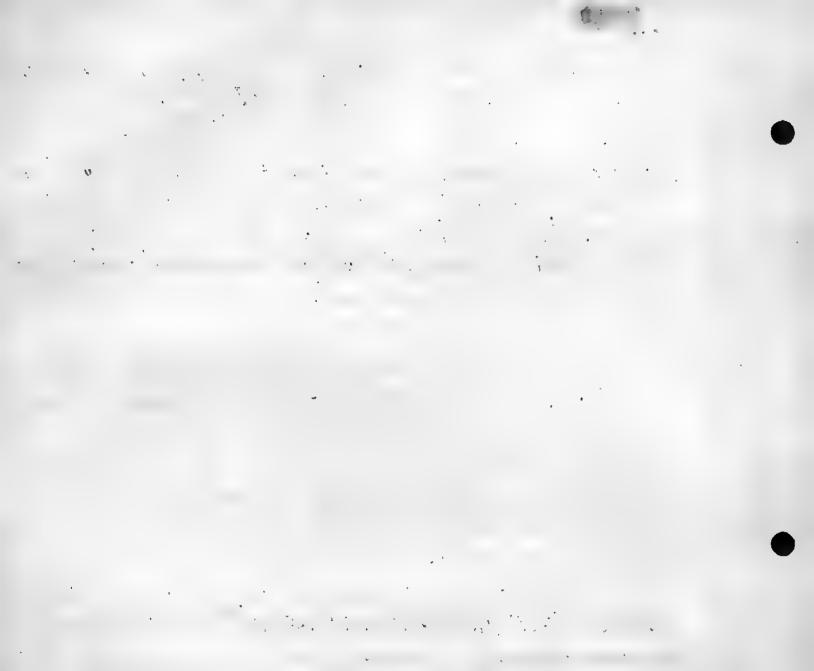


| _ | 1 | 7254 | | N STATE DEPARTMENT OF | | |
|--|---------------|---|--|---|--|--|
| () | | Christ | | 301 W. PRESTON STREET, BAR | | y p= . |
| | | | | CERTIFICATE OF DEATH | | 7.7 |
| 2 4 | | ECFASED NAME First | M'ddle | lost | 20 DATE OF DEATH | 2b. HOUR |
| or death | (| ype or print) Baby | Boy | Guillard | Month Doy | Year 9 19 PM |
| er o | 3 5 | | 4. RACE | S DATE OF BIRTH | | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| haurs after death. In the Vuneral (s. reges I and 2 thours-after death. | L | male | White | | 6.8 last birthday) | AONTHS CAYS HOURS MIN |
| a de la serie de l | 70. | BIRTHPLACE (State or foreign | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | 2 |
| 24 to 27 | L | Maruland | USA | WIDOWED DIVORCED | | county Md |
| within 24 sale filled ban paper within 72 | | Hagers town | give street address) | | UAL OCCUPATION (Kind of work dane mast of working life, even if retired) | 126 KIND OF BUSINESS OR INDUSTRY |
| e executed withing and campletely fremave carban n any event, with | .30 adm | usual RESIDENCE (Where decease sian) STATE | d lived, if institution Residence before 13b COUNTY Washington | 13c. CITY OR TOWN 13d INSIDE OTT | 130 STREET AND NUMBER NO 2459 Virgini | a Avenue |
| xec may | _ | ATHERS NAME First | Middle Last | 15 MOTHER'S MAIDEN NAME | | Last |
| and and rem | | HA-OLD | GUILLARD | SHIRLEY | BY49 | |
| te t | 160 | WAS DECEASED EVER IN U.S. ARMI | | | | |
| tiffica physic n ple val, c | | es, no, or unknown) (If yes give wo | ir or dates of service) | HAROLD GUILLA | E. GROVE AMOS RD WILLIAMSPORT, I | |
| D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or aftending physician. Funeral Director: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pages. Hoges I and should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours-after death | | PART I DEATH WAS CAUSED | TE CAUSE (a) | for our to | | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH THE STATE OF THE STATE O |
| it the at the atsitute of matriar | | Conditions, if any, which gave | DUE TO, OR AS A CONSEQUENCE OF | -led luna | | Some |
| that an. by tl rans | | rise to immediate couse (a),(stating the underlying cause(| DUE TO, ORALS A CONSEQUENCE OF | PLI | 10.11 | 15.00 |
| equires that the physician. Signed by the burial-transit purial, crematic | | last | (1) Prembent | 4 - aprile Hey | womay the recky | Cersine |
| require signature signature proportion in signature pr | _ | PART 2 OTHER SIGNIFICANT CONI | DITIONS CONTRIBUTING TO DEATH BUT N | OF RELATED TO THE TERMINAL DISEASE OF | (CONDITION GIVEN IN PART 1(g) | |
| law re ending s been s the riar ta | CERTIFICATION | 190. DATE OF OPERATION 19b. C | ONDITION FOR WHICH OPERATION WAS PE | RFORMED 2Do AUTOPSY2 | 206. IF YES, WERE FINDINGS CO | NSIDERED IN CERTIFYING |
| The The has has as the has | RTIE | | | YES NO [| | |
| CIAN: ortal or tificate d for of | MEDICAL C | 210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF CEATH (If either, notify medical examina | HOUR A.M. Month Day Year | | ter nature of injury in Part 1 or Pin 2, Ita | em 18) |
| O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health priar ta burial, cre | WE | | | TORY) 21f LOCATION Street or R.F.D. N | la. City ar Tawn | County State |
| TNG ter tate | 1 | | hospital) attended the decease | ed fram 5/26/68 19. | 124,10 5/26/ 196 | 8 , that (I) (we) last |
| END ned b R: Af uld b | | saw the deceased ali | ive on 3/26/8 view the | 9, and that in (my) (our) o | pinian death accurred an the date | ond hour ond from the |
| ATT ATT | | 22b. SICHARDURE | (i) (adylaid) (admin) tien ine | | 22c D/ | ALY SIGNED |
| DIRE TO WE WE WE TO WE TO WE | П | a. M. 12 | econg n | DEGREE PHYS. | MED STAFF DIRECTOR PHYS 5 | 127/68 |
| TO HOSPITAL Page 4 may TO FUNERAL I director, page | | 22d. PHYSICIAN'S NAME (Type) A M. | BACON, JR. M.D. | 22e ADDRESS 10 | GERSTOWN, MD. | |
| LOSE DUNE Bertal Suid | 23a. | BURIAL, CREMATION, 23b. D. | | CEMETERY OR CREMATORY | | (County) (State) |
| 10 P P P P P P P P P P P P P P P P P P P | | BURTAL (Specify) | 1/28/68 ROSE H | ILL CEMETERY | 23d LOCATION (City or Town) HAGERSTOWN, WASHIN | |
| OM REY | 24 | FUNERAL DIRECTOR | ADDRESS | | BY REGISTRAR 2SB REGISTRARS S | IGNATURE JUNGER |
| 2 | | 7166-11 161 1-0 | 22 E MAGENSTOWN | DAIE (VI. | WI DI IOMO 1/2 | 0 0 |





| 1 | | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
|---|----------------|--|
| | | CERTIFICATE OF DEATH |
| (T 2 . | 1 D | ECEASED NAME & First Middle 2 Lost 20 DATE OF DEATH 2b HOUR |
| de d | | Type or pont) Verry W. Hare Manth 2 Doy 1968 1220 M |
| PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after per haspital ar attending physician. The haspital ar attending physician and campletely filted in by the funding certificate has been signed by the attending physician and campletely filted in by the funding far use as the burial-transit permit. Then please remaye carbar pages. Pages 1 of Health priar ta burial, cremation, ar remayal, and in any event, withing thours after the contraction of Health priar ta burial, cremation, ar remayal, and in any event, withing thours after the contraction of Health priar ta burial, cremation, ar remayal, and in any event, withing the contraction of the contraction | 3. \$1 | Male 4. RACE S. DATE OF BIRTH AGE (In yeors 1 FUNDER YEAR IF UNDER 24 HRS INCH AGE) AND HOLES MIN WORLD AND HOLES MIN |
| havrs n by s. Pour | 7o cour | BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DIATH |
| in 24 | 10.0 | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of volk done 126 KIND OF BUSINESS OR |
| | 4 | TOERSTOWN. Washington ounty Hosp Harmer working te, even it retired) Washington County Hosp Harm. |
| mplet re car event, | 13o odm | USDAL RESIDENCE (Where decensed lived, if institution Residence before 13c CITY OR/TOWN / 13d. INSIDE CITY JIMINST 13e STREET AND NUMBER INSIDENCE (Where decensed lived, if institution Residence before 13c CITY OR/TOWN / 13d. INSIDE CITY JIMINST 13e STREET AND NUMBER 125/25. |
| exect of call call any 6 | 14 | FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost |
| e be an ar ase r | 140 | WAS DECEASED/EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT / Address |
| ertificate be executed with physician and campletely ien please remave carbay aval, and in any event, we | | (S. no. or unknown) White profes of secret 100-12-9388 Mrs. Myrtle Hare Harhers Farry W. Va. R. D. 1. |
| th ce | | 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART DEATH WAS CAUSED BY. APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH |
| t dea attender ermit | | MMEDIATE CAUSE (a) Williams 2 weeks |
| t the the sit p | | Conditions, if ony, which gove trise to immediate couse (a), (b) |
| es tha ician. ed by al-tran | | Institution to the underlying couse of the stating the |
| phys phys signe burio burio | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |
| w re ding een the r ta | S | X fairly recent myo cardial infarction |
| The law requires the attending physician. has been signed by ise as the burial-traith priar to burial, cre | CERTIFICATION | 190 DATE OF OPERATION U.S. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| CIAN: ital ar ificate ifor u | MEDICAL CE | 21c. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely acceptor, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon according to the filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, where the property is the page of the please of the priar tabusian. | WEI | 21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D No. City or Town County Stote of work of work |
| ING by the ter t | | 220. I certify that (1) (this hospital) attended the deceased from Way 21, 1963, to May 23, 1968, that (1) (we) lost |
| FEND ned B NR: Al | | sow the deceased olive on |
| OR ATTENDING be retained by the SIRECTOR: After the 3 shauld be de ed with the State | | 226. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED |
| AL Oly be L DIR | l | 22d. PHYSICIANS 22e. ADDRESS 0 |
| SPITAL 4 may NERAL tar, pag | | MAME (Type) R. anarillo M.D Sharpsburg Will 21762 |
| TO HOSPITAL Page 4 may TO FUNERAL director, pag | 230 | BURIAL, CREMATION, 23b. DATE 23c., NAME OF CEMETERY OR CREMATION (Style) (Stote) (Stot |
| VR 413 | 24 | ENNERAL DIRECTOR 250 NGCH BY RIGHTRAR S GONATURE DATE |
| , | 1 1 | morning wow were it few frames on, I d. |

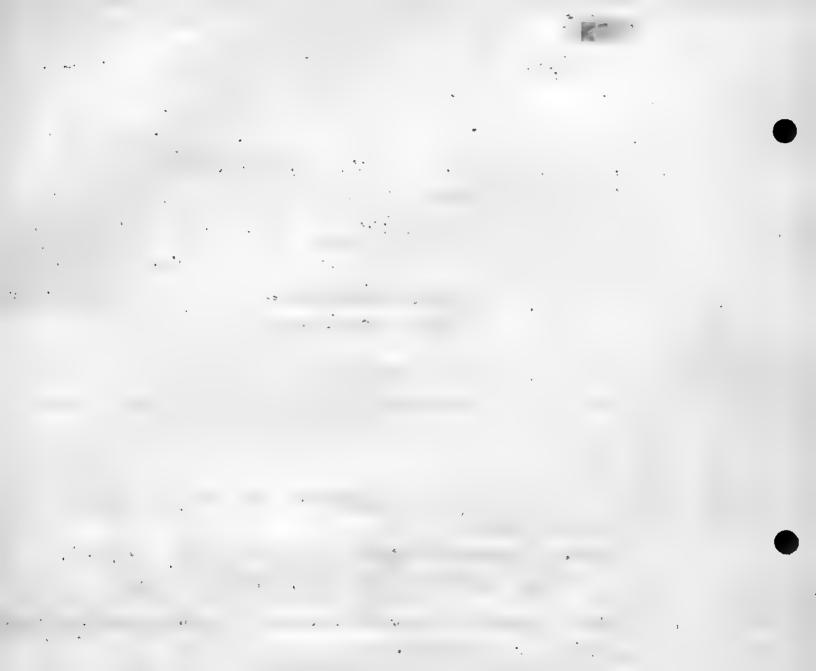


| | ñ. | | | | DEPARIMENT | | | | |
|--|---------------|--|---|--------------------|--|-------------------------|------------------------------|-------------------|------------------|
| | | [765# | DIVISION OF VITAL RECORD | * | | · · | RYLAND 21201 | | SE. |
| | | | | CERTIFIC | ATE OF DEA | TH | | JI | 655 |
| £ | | ECEASED-NAME First | Middle | | Lost | 20 DATE O | DEATH | | 2b. HOUR |
| funeral | Ι' | ype or print) FRANC | IS MILTON | HE | eck si | R. MAY | Manth 23 Day | 1966 | 8:35A |
| in in the last of | 3. \$ | .,, | 4. RACE | | S. DATE OF BIRTH | 4.0.0 | 6. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| the ages | 1 | MALE | WHITE | | 12/14 | +/1898 | lag bythday) YRS. | MONTHS DAYS | HOURS MIN |
| by Py Raun | 70. | | b CITIZEN OF WHAT COUNTRY? | B MARRIED | NEVER MARRIED | 9. COUNTY O | | | |
| d in 22 t 72 t | COD | MARYLAND MARYLAND | U.S.A. | WIDOWED | DIVORCED | | SHINGTON | | Md. |
| fille pal hin | 10. 0 | ITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR | INSTITUTION (If no | of n hospital 12a | USUAL OCCUPATION | l (K∙nd of werk dene | 125 KIND OF | BUSINESCOP |
| e executed within 24 had and campletely filled in remaye carbon papers in any event, within 72 h | | HAGERSTOWN | give WESTERN | | | ind wolf to dolk the | ed «Superv | ISOUR | OFFICE |
| plet car | 13o. | BSUAL RESIDENCE (Where deceased ission) STATE | lived, if institution Residence before 13b COUNTY | "HAGERS | TOWN 13d. INSIG | | TREET AND NUMBER | | |
| cam scut | Oditi | MARYLANT | WASCHING | | YES S | | MOLLER . | PKWY. | |
| and one rem | 14 | FATHER'S NAME First | Middle Losi | 15 | MOTHER'S MAIDEN N | AME First | Middle | | Lost |
| n a se r | | JOHN | F. HECK | | | LLIE | CATHER INE | B03 | ZER |
| icate be skian c please II, and is | 160. | WAS DECEASED EVER IN U.S. ARMEI (es. no. or unknown) 1 (15 yes give war | D FORCES? 16b. SOCIAL SECURI | | NFORMANT IRS. MYRI | PLE L. H | ECK HAGER | CTIOURI | MD |
| te death certific attending phys permit. Then p | | 'es, no, or unknown) (15 yes give war | | | mo. MINI | TIG TO II | ECK DAGED | | MD . |
| ing the semination of the semi | | IB. CAUSE OF DEATH (Enter only | ane cause per line for (a), (b), and BY | (0)/ | | | 1.0. | BETWEEN O | INSET AND DEATH |
| end mit. | | IMMEDIATE | CAUSE (a) | COYO | ondry | OCC | USION | 12 | 444 |
| aff pen ian, | | 2509 | DUE TO, OR AS A CONSEQUENCE | OF TO | 2/100 | 1 2.1 | - 1 | | |
| the the mat | | Conditions, if any, which gove trise to immediate couse (a), | (b) | U ene | 101126 | 1 CYTEL | riusclevas | 17 46 | 550 |
| quires that t physician. signed by the burial, transit | | stating the underlying couse | DUE TO, OR AS A CONSEQUENCE | OF D | hotes | mastle | tus | , | |
| ures nysic nined rial- rial | | - Communication of the Communi | (C) | PIO TO TO | DETES | TVLE!!! | 107 | | |
| The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. Then please remove carbon papers. Pages of the priar to burial, cremation, ar remayal, and in any event, within 72 haurs of each of the prior to burial, cremation, ar remayal, and in any event. | | PART 2 OTHER SIGNIFICANT COND | ITIONS CONTRIBUTING TO DEATH BU | NOT KELATED TO | - 1 | | | | |
| ding ding | NO. | 190 DATE OF OPERATION 196 CO | ONDITION FOR WHICH OPERATION WAS | DEDECIDATED | 20a. UTOPSY? | 2 Umon | F YES, WERE FINDINGS CO | UNCIDEDED IN C | EDTIEVING |
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| 1 | ı | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
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| A # D # # | | 226. SIGNATURE ATTENDING MED. STAFF 22c. DA DIRECTOR PHYS. 5-7 | TE SIGNED |
| SPITAL 4 may IERAL I ar, pag d be fil | | 22d. PHYSICIAN'S NAME (Type) SIDNEY NOVENSTEIN 220. ADDRESS FUNKSTUWN MD | |
| TO HOS Page 1 TO FUN direct shoul | L | BURIAL (REMATION, PRINCIPLE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City of Town) Principle 23d Location (City of Town) REMOVAL (Specify) 5/15/1968 Green Hill Cemetery Waynesboro Fri | |
| VR A15 (4) 30M REV 1/68 | 24. | Harlin See Waynesboro, Penna. 250. REC'D BY REGISTRAR 250 REGISTRAR'S SI DATE MAY 15 1968 | The first of the f |

MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First deoth. 24 hours after death. Month (Type or print) Joseph Hess. 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years White Male April 3, 1920 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED A NEVER MARRIED 9. COUNTY OF DEATH country) Washington WIDOWED [DIVORCED [U.S.A. Penna. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within Washington Co. Hospital during mast of warking life, even if retired)
Teacher INDUSTRY Hagerstown the attending physician and completely sit permit. Then please remove corpor Education 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN signed by the attending physician and complet burial-transit permit. Then please remove cor burial, cremotion, or removol, and in any event, 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Washington 228 Belview Ave. NO F Hagerstown 14 FATHER'S NAME Middle First Middle Last 15. MOTHER'S MAIDEN NAME First last Iva Hess Kipe Herman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT. Address Yes, no, or unknown) (If yes give wor or dates of service) 203-10-11101 Mrs. Joseph H. Hess Hagerstown. Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? **CAUSES OF DEATH?** YES 🗍 NO4 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Nat while 22a. I **certify** that (I) (this haspital) attended the deceased fram 8-27, 19 67, to 5-18-, 1968, that (I) (we) last saw the deceased live on 5-18-68, ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED 5-20-68 ATTENDING STAFF DIRECTOR 22d. PHYSICIAN S 22a. ADDRESS NAME (Type) 580 Northern Ave., Hagerstown, Md. Rosillo 23a BURIAL, CREMATION 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) Hagerstown #5, Washington, Md. Ringgold 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Waynesboro, Penna, DATE MAY 24 30M REV. 1/68



| | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH |
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| law requires that the death certificate be executed within 24 haurs after death. nding physician. been signed by the attending physician and completely filled in by the funeral s the burial-transit permit. Then please remave carban papers. Pagesal and iar to burial, cremation, ar removal, and in any event, within 72 hours after eaths | OECEASED-NAME (Type or print) GERTRUDE SOPHIA. HORST 20. DATE OF DEATH MAY Month 8 Day 1 96 or PP. M |
| the full | FEMALE 4 RACE WHITE 5. DATE OF BIRTH 7/21/1886 6. AGE (In years if Under 24 HRS. Months) DAYS HOURS MIN. YRS. WONTHS DAYS HOURS MIN. |
| papers. Prin 72 hav | 76. CITIZEN OF WHAT COUNTRY? VOUNTRY) MARYLAND 75. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED DIVORCED MASHINGTON Md. |
| with | OCITY OR TOWN OF DEATH HAGERS TOWN 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital during in House the late of work dane during in House the late of work dane in retired.) 12b. KIND OF BUSINESS OR INDUSTRY HOME. |
| remave carl in any event, | 13d. USUAL RESIDENCE (Where deceased lived, if .nstitution: Residence before admission) WAFRYLAND 13b. COWNSHINGTON HAGERSTOWNES NO 25 W. LONGMEADOW RD. |
| d in an | JOHN E. GEHR IS MOTHER'S MAIDEN NAME First MARY A. COOK |
| nen please noval, and ir | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, NO unknown) (If yes given war or dates at service) 16b. SOCIAL SECURITY NO NONE 17. INFORMANT MR. ABRAM S. HORST HAGERSTOWN MD. |
| ther this certificate has been signed by the attending phy be detached far use as the burial-transit permit. Then State Dept. af Health priar to burial, cremation, ar remova | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) } PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF rise to Immediate cause (o), stating the underlying cause lost. PART 2. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? (If either, not fy medical examiner) 21b. TIME OF INJURY AN HOME FARM STEFF FACTORY A 21b. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) |
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| CV) | 23c NAME OF CEMETERY OR CREMATION, 5/11/68 CLEARS PRING MENNONITE CLEARS PRING WASH. MD. |
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MAKTLAND STATE DEPARTMENT OF HEALTH



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| | 0.6 | 7652 0 | | RDS, 301 W. PRESTON STREET, BA | LTIMORE, MARYLAND 21201 | W 0 0 |
| | 10 | PAUL | Tewell) | CERTIFICATE OF DEATH | | .786 |
| E - NE | | CEASED NAME First | Middle | Lost , , | 20. DATE OF DEATH | 2b. HOUR |
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| | 3. SE | X | 14 RACE | S. DATE OF BIRTH | 6 AGE (In years | IF UNDER YEAR IF UNDER 24 HRS. |
| affre heer offr | | MALE | WHITE | MAY 26,19 | fact herthdood T | MONTHS DAYS HOURS MIN. |
| Urs | 7a | BIRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED X NEVER MARRIED | 9. COUNTY OF DEATH | |
| 24 hours d in by 1 spers. Po | COUL | itry) | | WIDOWED DIVORCED | WASHINGTON | |
| | | RGINIA ITY OR TOWN OF DEATH | USA | | SUAL OCCUPATION (Kind of work dane | 12b KIND OF BUSINESS OR |
| within within within within | | GERSTOWN | rive street address) | during | most of working life, even if retired.) A. Worker | INDUSTRY |
| s executed wit ind completely remove carbai n any event, w | 1 | USUAL RESIDENCE (Where decease | WESTERN MD | STATE HOSPITAL C. | A. Worker | Celanese |
| ted pple ren | odm | STALE LAND | 111 COLINTY | | No. | |
| CONT | _ | | E ALUMINIO E ALI | T COMPRESENTATION - | Y- HOMEMOOD AT | |
| ate be executed to | 14. | ATHER'S NAME First | | Lost 15. MOTHER S MAIDEN NAME | | Last |
| on a din | L | | S E. JEWELL | ■ SAR | | LINE |
| ertificate b physicion (ien pleose ioval, and i | 16a. | WAS DECEASED EVER IN U.S. ARM | r or dates of service? | | Homewood | Addition |
| A P P P P P P P P P P P P P P P P P P P | | es, no, or unknown) (If yes give wo | 217 1 | 0 5182 Mrs. Eve | lyh Jewell Cumb | perland Md. |
| The The | | 18 CAUSE OF DEATH (Enter and | y one couse per line for (a), (b), | and (c) / / / | | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| e deoth cer ottending p permit. The | | PART I. DEATH WAS CAUSED | BY: TE CAUSE (a) | LUBUIZY DI | neumonia | INK |
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| : The proof of the | CERTIFICATION | 21o. ACCIDENT WAS UNDERLYING | 5 1216 TIME OF INJURY | | nter nature of injury in Port 1 or Part 2, | Itam 191 |
| dl collicot for for He e | | FIGR CONTRIBUTING FIGAUSE OF DEATH | HOUR A.M. Month Doy | Yeor Yeor | tier nature of injury in Fort 1 of Fart 2, | Herri to.j |
| SIC Spit Spit | MEDICAL | (If either, notify medical examin | er) P.M. | 19 | | 4 |
| PHYSICIAN: he hospital or his certificate stoched for u Dept. of Heol | 25. | 21d INJURY OCCURRED 21e I While Not while | PLACE OF INJURY (AT HOME, FARM, S | REET, FACTORY) 21f. LOCATION Street or R.F.D. | Na. City ar Tawn | County State |
| NING PHYSICIAN by the hospital fler this certific be detoched foi State Dept. of He | | I WOLK DI WORK | | | 10 | /0 |
| by be State | | 220. I certify that (I) (the | hespital) attended the d | eceased from 3-6, 19 | <u>60</u> , 10 <u>3 - 14</u> , 19 | <u>රයි</u> , that (i) (ws) las |
| ENG Pld The | | saw the deceased all | (I) (wa) (did) (diamet) view | eceased from 5-8 , 19 1952, and that in (my) (see) o w the body after death. | ipinion deorn accurred an the ad | ite and hour ond from the |
| ATTENDING stoined by the CTOR: After the Should be delited the State | | 22b. SIGNATURE ADA A | (1) (14) (010) (010) | - 1/4 | | DATE SIGNED |
| OR ATTENE be retoined DIRECTOR: A pe 3 should ed with the | | 1/// | 1/2/1/1/ | 2 MIDEGREE ATTENDING D | MED. STAFF PHYS. | 5-14-18 |
| | L | 22d. PHYSICIAN'S | W/0/00 | 22e. ADDRESS | DIRECTOR - PAIS | 77 60 |
| RAI Pe | | NAME (Type) | IN (5. KI | e4 1500 Pe | nna. Hasenstou | un Md. |
| O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retoined by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for u should be filed with the State Dept. of Healt | 12- | BURIAL, CREMATION, 23b. D | ATE 22 MA | ME OF CEMETERY OR CREMATORY | 23d, 10CATION (City or Town) | (County) (State) |
| H age in s | 230 | REMOVAL (Specify) | | | Cumberland, | , ,, |
| ON | 24 | DITETAT 15/ | 1 /68 SUN | ISET MEMORIAL PARI | BY REGISTRAR 256 REGISTRARS | Md. |
| VR A15 (4) 30M REV. 1/68 | 24. | FUNERAL DIRECTOR Byron | Kight Cum | horland Ma | AAN 17 1968 100 | arter Judge |
| JUIN NET, 1/00 | | | - | Derrand, Md. DATE | Tr 1000 | - // // |

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| , | T T | | P M C DIVISION | N OF VITAL RECORDS, 30 | I W. PRESTON STREET, BALI | IMORE, MARYLAND 21201 | |
| - | - | | £1003 | | RTIFICATE OF DEATH | |) 3 |
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| | r demi | 2.5 | 1.10 00 10. | | DONES | MAY 9 | 1968 1.45 AM |
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| | S = 3 | | P. | W | Oct. 9-187 | 5 92 YRS | MPM (112 DATE MIN |
| | 2 2 | | | OF WHAT COUNTRY? 8. | MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | |
| | 트 토 등 | con | Trini IVD | | IDOWED DIVORCED | 11000h: 127 | |
| | rin 28 h | 10 | TY OR TOWN OF DEATH | 13. NAME OF HOSPITAL OR INSTITU | | AL OCCUPATION (Kind of work done | Md. 12b KIND OF BUSINESS OR |
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| | ple call | 1303 | JSUAL RESIDENCE (Where deceased lived, if i | nstitution: Residence before 1130 | OTY OR TOWN OF INSIDE CITY | The state thompset | |
| | completely completely cove carbon y event, will | | MRRYLAND | WASHINGTON AR | SERSTOWN YES N | ON KOUTE 2. | |
| | PHYSICIAN: The low requires that the death certificate be executed within 21 hours after death e hospital or ottending physician. It is certificate has been signed by the offending physician and completely filled in by the funeral stacked for use as the burial-transit permit. Then please remove carbon papers again that Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 and a death and the complete of the contraction of the contract | 14. | ATHER'S NAME First Mi | ddie , / Lost | IS. MOTHER S MAIDEN NAME | First Middle | Lost |
| | mnd rem in an | | Jallal | B. HEDDE | 1 | arr/ | Marca |
| | e los con los | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? | 16b. SOCIAL SECURITY NO. | 17 INFORMANT | Address | TYLOOKIE |
| | ica Sic Ple Ple () | | es, no, ar unknown) (If yes give war or dates of ser | | SID Har Turk | 0 244 WALG | -ROYE KOHE |
| | Physical Phy | ⊨ | | | NICE SAIN IN | TIEN TER | TOWN NA |
| | | | 18. CAUSE OF DEATH (Enter only one couse | per line for (a), (b), and (c).)- | 4 / | , , | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| | equires that the death centificate be physician. signed by the ownerding physician surial-transit permit. Then please burial, cremotion, or removal, and it | | last. 4500 (| 1) | | | |
| | phy sign | | PART 2. OTHER SIGNIFICANT CONDITIONS CON | TRIBUTING TO DEATH BUT NOT R | ELATED TO THE TERMINAL DISEASE OR | CONDITION GIVEN IN PART 3(0) | |
| | en de to | z | 1) why of you | tion. | | | |
| | be to | CERTIFICATION | 190. DATE OF OPERATION 196. CONDITION FO | OR WHICH OPERATION WAS PERFOR | MED 2Do. AUTOPSY? | 20b IF YES, WERE FINDINGS CO | NSIDERED IN CERTIFYING |
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| | or of the best of | EE | 2) o. ACCIDENT WAS UNDERLYING 21b, T | IME OF INJURY | | er noture of injury in Port 1 or Port 2, li | tom 181 |
| | He He | | OR CONTRIBUTING CAUSE OF DEATH HOUR | A.M. Month Doy Year | ZIC HOW HOURT OCCURRED (EIIII | a notore of injury in roll 1 of roll 2, i | elli to.j |
| | Did the post | MEDICAL | (If either, notify medical examiner) | P.M. 19 | | | |
| | H S S S S S S S S S S S S S S S S S S S | 25 | 21d. INJURY OCCURRED 21e. PLACE OF IN | JURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. | 21f LOCATION Street or R.F.D. No | City or Town | County State |
| | thi the | | While Not while of work | | | | |
| | NG by t ter ter tate | | 22a. I certify that (I) (this hospital saw the deceased alive an A | attended the deceased f | rom 22.9 18, 191 | 66, to MA U-8, 191 | that (I) (we) lost |
| | A A A B B B B B B B B B B B B B B B B B | | saw the deceased alive an 🕰 | 1448 196 | Z , and thoten (my) (our) ap | inion deoth accurred on the dat | e and hour and from the |
| | E e S. E e | | couses stated above, (I) (we) | (🌃) (did not) view the bod | y ofter death. | | |
| | A de | | 22b. SIGNATURE | 1 | | 22c. D | ATE SIGNED |
| | OR ATTENDING be retoined by the NREWTOR. After the 3 should be de ed with the State | | (3. 126m Ar. | - Mrevelly | DEGREE PHYS | MED STAFF DIRECTOR PHYS | -9-68 |
| | 4 0 8 g | | 22d. PHYSICTAN'S | 1 . | 22a. ADDRESS | -1 | |
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| | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cartificate be executed very be retained by the hospital or ottending physician. TO FUNERAL DIREITOR: After this certificate has been signed by the offending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove cartishould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event. | 26 | BUR AL CREMATION 231 DATE | Too. MANY OF COM | TERY OR CREMATORY | 23d. LOCATION (City or Town) | the world the sales |
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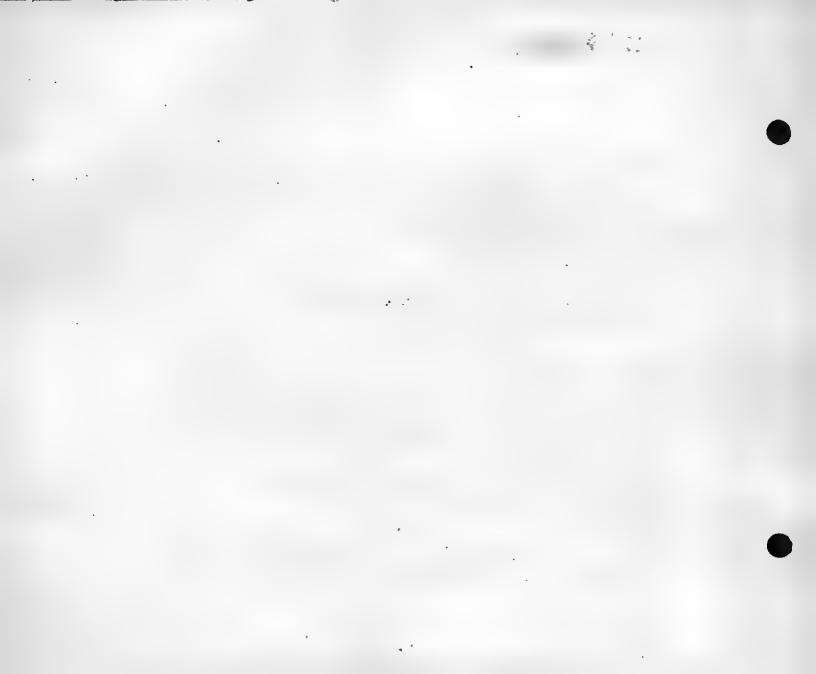


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| ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) HOWARD N. WEEKS, M.D. ADDRESS(Street, city, town, or county) BURTAL ACTUAL SIGNATURE EXAMINER'S NAME (Type) HOWARD N. WEEKS, M.D. ADDRESS(Street, city, town, or county) HAGERSTOWN, MARYLAND. 230 BURIA, (REMATION, REMOVAL (Specify)) BURTAL 24-UNITRAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR SIGNATURE 226 DATE SIGNED 5/20/68 ADDRESS(Street, city, town, or county) WOLFSVILLE CEMETERY WOLFSVILLE, FRED. CO. MD. 24-UNITRAL DIRECTOR | 5 | | | | | | | Undetermined monne | | |
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MARYLAND STATE DEPARTMENT OF HEALTH



| | THE PARTY I | 1 | | 17/ | m # 8 & 9 Film #G40MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY | LAND |
|---|--|---|---|---------------|--|---|
| 1 | Ė | =4= | Λ | | CERTIFICATE OF DEATH | * |
| | r death. | | | 1. | PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as STATE MARYLAND b. COUNTY WASHINGTON | NGTON |
| | after | 1945 | 7 | | b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) | |
| _ | | E S | | | FORT RITCHIE 2/2/KS, FORT RITCHIE | |
| | 24 hours | papers nin 72 | | | IT APMY DISPENIEDRY RIDY 725 APT 2 | o. IS RESIDENCE DN A FARM? YES NO 🔀 |
| | within | arbon it, vitt | H | 3. | NAME DF First Middle Last 4. DATE Month DECEASED (Type or print) CARL EUGENE KOTHE/MER DEATH MAY 16 | |
| | executed within | d compose con | 1 | 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH Nov. 39. AGE (In years IFUNDER 1 YEAR | |
| | | rem rem | | 10a | 3. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN | OF WHAT |
| | be | illiar ase | | duri | 2. USUAL OCCUPATION (Give kind of work done Industry) 12. CITIZEN (County & State, or foreign country) 12. CITIZEN (COUNTRY COUNTRY PLOT) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY STRUTHERS OHIO | |
| | ate | al, a | | 13. | FATHER'S NAME | 3/ |
| | T I | Then | | | CARL. A. KOTHEIMER AGNES BROCKHOFF | |
| | Ce | endi it. ' | | 15. (Ye | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (Ifyes give war or dates of service) | |
| | eath | erm on, o | | | YES 1942-1945 1953 TO 1918 268-16-5809 ETHEL MAE KOTHEIMER (WIFE) | SAME |
| | OR ATTENDING PHYSICIAN: The law requires that the death certificate be | n signed by the attending physinian and completely burial-transit permit. Then please remove carbon purial, cremation, or removal, and in any event, within | | | | ERVAL BETWEEN SET AND DEATH |
| | tha | al-tr | | | 4-109 OUE TO | |
| | ires | Darie Siri | | | Conditions, If any, which (b) | |
| | red Hind | the r to | | | cause (a), stating the DUE TD | |
| | aw I | has been as the prior to | | 중 | underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. | WAS AUTOPSY |
| | The | certificate has hed for use as t. of Health pric | 2 | CERTIFICATION | 4301 YI | PERFORMED? |
| | ICTAN: | this certification of the Dept. of the | | | 20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) DR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| | G PHYS | offer this be detac State Dep | | MEDICAL | 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 4 factory, street, office bldg., etc.) While at work at w | (State) |
| | NIC | After Id be de e State | | 2 | | hat (I) time) las |
| | TEN | TOR: A | | | saw the deceased alive on 14 may 1968, and that death occurred at/15 P.M. from the causes and on the dal | te stated above |
| | OR AT | DIRECTOR: age 3 should liled with the | | | 22a. SIGNATURE ROLLING MEO. STAFF 22b. DATE SI M.O. PHYS. OIRECTOR PHYS. 16 Was | IGNED 68 |
| | HOSPITAL | O FUNERAL DIRECTOR DIRECTOR DAGE Should be filed to | 1 | | 22c. PHYSICIAN'S NAME (Type) ROBERT DAVIDSON 220. ADDRESS USAD FT. RITCHIE, M.D. 21719 | 3 |
| | HO Page | FUI direct | | 23a | a. BURIAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, town or county) | (State) |
| | 1 | 11 8 | | B | Sured J- 07 Cake all Cen. Hermasown. | Onco |
| | | | | 24. | ADDRESS 250. REC'DEY REGISTRAR 250. REGISTRAR'S SIGN | LURE |
| | | AIS (4) M 1/65 | | A | Salamone Juneral 18 me. Trederick, 180 1 DATEMAY 20 1968 | |

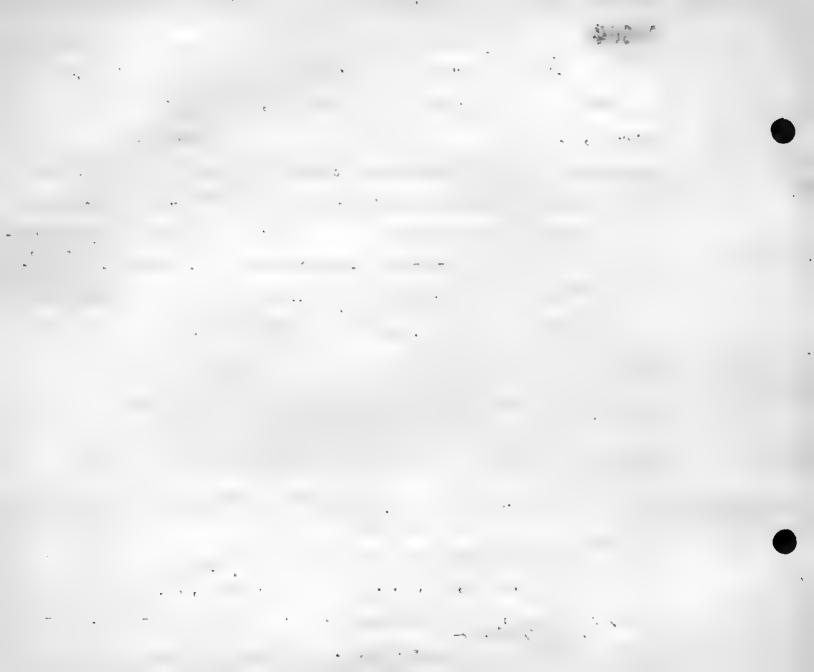


| 1 | | 17863 | DIVISIO | N OF VITAL | | | RESTON ST | REET, BALTIM | ORE, MARY | YLAND 21201 | | * * 1 |
|--|---------------|--|---------------------------|---|------------------------------------|------------------------------|---|------------------------|--------------------|---------------------------------|----------------------------------|--------------------------------|
| -(11/1) | 1 0 | ECEASED-NAME F | rst | | Middle | .1/11111 | Last | | 2a. DATE OF D | CATU | | OF HOUSE |
| 24 hours after death. 14 in by the funeral pers. Pages i and 72 hours after a and 72 hours after a and 372 hours | | (ype or print) CL | | | WINA | | LOTZ | | ZO, DAIR OF D | Manth / Pay | / 68 | 25 HOUR 2 - 25Am |
| affer fur | 3 \$1 | | 4. RACE | | | | S. DATE OF B | IRTH | 1 | 6. AGE (In years | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS, HOURS MIN. |
| s aft ages | | FEMALE | | WHITE | | | FEBRUA | RY 20, 1 | .898 | lost birthday) | MUNITS DATS | PRICKS MIN. |
| hours in by the s. Page hours | | BIRTHPLACE (State or foreign | | OF WHAT COUN | TRY? 8 | MARRIED | ☐ NEVER MA | RRIED 9. | COUNTY OF D | EATH | | |
| d in d in pers | L | OHIO | | U.S.A. | | WiDOWED | | RCED 🗌 | | WASHI | NGTON | Md. |
| | 10 (| THY OR TOWN OF DEATH HAGERSTOWN | | 11 NAME OF HO | SPITAL OR INSTI SHIT NGTO | | not in hospital HOSPI | 1 | | Kind of work dane | 126 KIND OF INDUSTRY OWN | BUSINESS OR HOME |
| d wi | 130 | USUAL RESIDENCE (Where dec | eased lived. if | institution: Resid | lence before | 3c CITY O | | 13d INSIDE CITY LIM TS | | ET AND NUMBER | OWIA | HOFIE |
| requires that the death certificate be executed within a physician. I signed by the ottending physician ond completely fill burial-transit permit. Then please remove carbon posturial, cremation, or removal, and in any event, within the contraction of the contraction of the contraction. | adm | ssion) STATE OHIO | 136 (0 | MONTG | OMERY | | ERING | YES NO | _ | OVERLAND | TRAIL | |
| o≡d α remo in any | 14. | FATHER S NAME First | | ıddle | Lost | 1 | S MOTHER'S N | IAIDEN NAME First | | Middle | | Lost |
| n ol se r | L | WILLIA | | • | GLAZE | | | CLA | RA | | | ACE |
| ertificote be physician c ten pleose oval, ond in | 16a | (es, no. or unknown) (If yes a | ARMED FORCES' | ? 16b. SOC | IAL SECURITY NO | | INFORMANT | | | | KWOOD A | |
| thot the death certific on. by the ottending phys Ironsit permit. Then p cremation, or removal, | | | **** | | KNOWN | R | OUTSONE | FUNERAL | HOME. | DAYTON 9 | OHIC | MATE INTERVAL |
| ing The | | 18. CAUSE OF DEATH (Enter | anly one caus | e per line far (a) | (b) and (c).) | | | , • | | | BETWEEN O | NSET AND CEATH |
| leat mit. | 1 | PART I. DEATH WAS CAR IMMI | DIATE CAUSE (| o) <u>Vent</u> | ricula | r Fi | prilia | tion | | | 1 1 | tour |
| ot the death cer the ottending prinsit permit. The mation, or remo | | (anditions, if any, which go | | O, OR AS A CONS | | T C | | ** | | | 6 1 | ours |
| of the main main main | | rise ta immediate couse (c | 1),(| 0) | ardial | In | aretto | п | | | 0 1 | 10413 |
| The law requires that to ottending physicion. has been signed by the se as the burial-tronsit h prior to burial, cremat | | stating the underlying cou- lost | e Diff | O, OR AS A CONS | | roti | c Hear | t Disea | se | | Unkr | nown |
| equires physici signed burial- burial, | ı | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | • | | | | | | IN PART 1(a) | - | |
| ng paragraph sing par | | 4301 | | None | | | | | | | | |
| The law ratending has been se as the th prior to | CERTIFICATION | 19a DATE OF OPERATION 1 | 9b. CONDITION | FOR WHICH OPERA | ATION WAS PERF | ORMED | 20a. AUT | OPSY? | | ES, WERE FINDINGS CO | NSIDERED IN CE | RTIFYING |
| The office has been the | | | | | | | YES [| _ | | OF DEATH? | | |
| AN: The law re of or attending icate has been for use as the Health prior to | | 210. ACCIDENT WAS UNDERL | | TIME OF INJURY | Day Year | 21c. F | IOW INJURY OF | CURRED (Enter no | ture of injury | in Port 1 or Part 2, It | em 18.) | |
| poticing of the contract of th | MEDICAL | (If either, natify medical exc | miner) | P.M. | 19 | | | | | | | |
| O HOSPITAL OR ATTENDING PHYSICIAN: 'Poge 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health | 25 | 21d. INJURY OCCURRED While Not while of work | ie. PLACE OF II | NJURY (AT HOME, OFFICE BU | FARM, STREET FACTO HIDING, ETC. | RY) 21f. L | OCATION Stre | et ar R.F.D. Na. | City o | r Tawn | County | State |
| ING by the tote | l | 22a. I certify that (I) | this hespite | ottended t | he deceased | from | May 11 | , 19.68 | _, ta_ <i>M</i> _c | 14 12 , 19 | <u>58</u> , that | (I) (XwYe) last |
| Poge 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State | | 22a. I certify that (I) saw the deceased causes stated abo | alive an_ ve,(I) ()(XX | <u>May 12</u> √(did) (did nat | 19.) view the bo | <u>ಿರಿ</u> , ar ady after | nd that in (n death. | ny)X(XIIX) apinio | ın death ac | curred an the dat | e and haur | and fram the |
| A Spring A S | | 22b. SIGNATURIO | NL | / | 10 | | ATTENDI | | | STAFE 22c. D | ATE SIGNED | |
| OR be red w | | 1/1/2 | 110 | mon | mo | DEG | KEE PHAS | 以 DIRE | TOR L | PHYS. | 5/13/68 | |
| O HOSPITAL Poge 4 moy O FUNERAL I director, pog should be fil | | NAME (Type) TATT T | TAM T | LAYMAN | MD | | 22e. ADI | | T. ARTS | BLDG. HA | ን ምክ ዓጥብና | MD M |
| DSP 9 4 1 INEF | 24 | | b. DATE | | Bc. NAME OF CE | METERY OF | | | | (City or Yown) | | (State) |
| O H Coge | 250 | BURIAL (REMATION, 23 REMOVAL (Specify) BURIAL | 5/16/ | | | | | | | | (County) | ` ' |
| | 24. | EUNERAL PIRECTOR /) | 7/10/ | 00 | ADDRESS | ANU | e de la jour | 2Sa. REC'D BY R | DAYTC EGISTRAR | 25h REGISTRARS | GOMERY, SIGNATURE | OHTO. |
| VR A15 (4) 30M REV 1768 | < | | 325 | HAG | ERSTOWN | , MAI | RYLAND. | DATE MA | Y 15 | N MONT 25h REGISTRARS 968 | iones | and and |

MARYLAND STATE DEPARTMENT OF HEALTH

3 4 .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH M.ddle Lost 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Month (Type or print) Elva Evaline Lynch 5 DATE OF BIRTH IF UNDER 1 YEAR 4. RACE 6. AGE (In years 3 SEX last birthday) Temale January 10, 1905 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED MEVER MARRIED Magerstown, Md.
10. CITY OR TOWN OF DEATH Washington DIVORCED [WIDOWED K burial, cremation, or removal, and in any event, within 72 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR | Hagerstown | Give street address | Washington County Hospital | 13a US-A. RESIDENCE (Where deceased lived, if institution Residence before | 13c. CITY OR TOWN | 3d | NA during most of working life, even if retired) Own Home 13e STREET AND NUMBER 36 INSIDE CITY LIMITS? admission) STATE YES 🔀 NO 🗌 405 N. Potomac St Hagerstown Middle 15. MOTHER 5 MAIDEN NAME First 14 FATHER'S NAME First Last William Bertha Blair Maru Werst 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 160-16-6289 Mr. Richard Werst 243 E. Potomac St. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the Should be filed with the State Dept. of Health prior to weare. O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? Intertail des truction YES 🖂 NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. P.M. Month Day Year OR CONTRIBUTING CAUSE OF CEATH 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while of wark 22a. I certify that (I) (this hospital) attended the deceased from HAN 30 , 1965, ta May 16, that (I) (we) last saw the deceased alive an May 16, 1965, and that in (my) (eur) opinion deoth occorred on the dote and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE 22e ADDRESS 217 W. Washington Street 22d. PHYSICIAN S Edward W. Ditto. III. M.D. Hagerstown Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23g BURIAL, CREMATION 23b. DATE Hagerstown - Washington-Md REMOVAL (Specify) Rest Haven Cemetery 2Sb. REGISTRAR S SIGNATURE Rest Haven Inneral Chapel Hagerstown, Md.

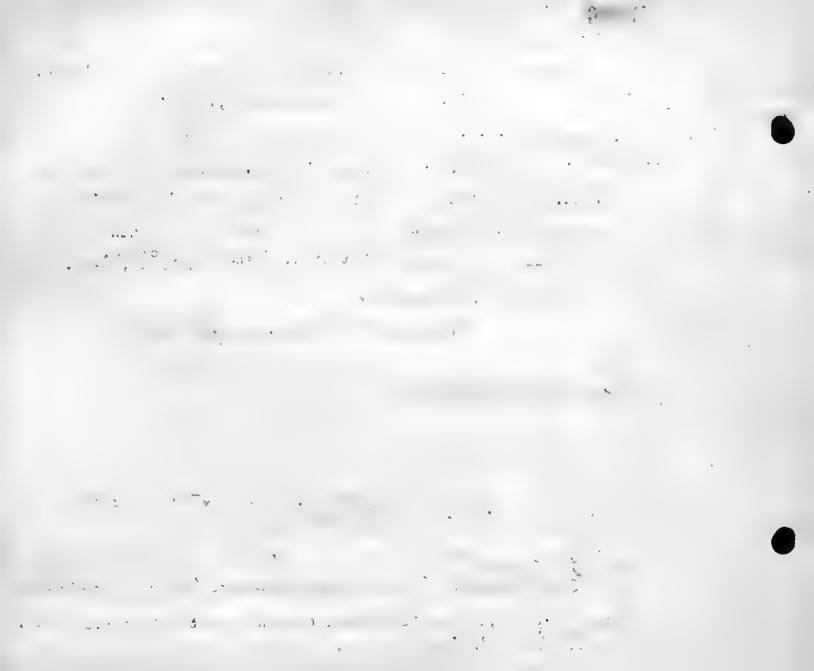


| 1 | | CERTIFICATE OF DEATH |
|---|---------------|---|
| death. | 1 D | ECEASED-NAME Type or print) RABY GIRL MARTIX) 2a. DATE OF DEATH Month 7 Day 18 Year 18 16 MARTIX |
| s after toges | 3. S | entale WHITE MAY 6, 1968 last birthday) YRS, MONTHS DAYS HOURS MINI |
| 24 hour d in by pers. P | 7o. cau | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED MARRIED |
| within 2 within 2 within 2 within 2 | 1 | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working infe, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during most of working infe, even if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working infe, even if retired.) 14. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working infe, even if retired.) |
| be executed within 24 and campletely filled remave carban paper in any event, within 7 | 13o adm | LSUAL RESIDENCE (Where deceased lived, if Institution Residence before 13c. CTTY OR TOWN 13d HISTORICAL MAY 13d HISTORICAL NO 13d COUNTY ASH. HASPISTOWN YES NO HASH HISTORICAL NO HASH |
| n and o | | FATHERS NAME FIRST MIDDLE LOST IS-MOTHER'S MAIDEN NAME FIRST Middle Lost Lost LOST LOST LOST LOST MIDDLE LOST MARTIN |
| ertificate b physician ten please iaval, and i | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? Ves. npl or victorian (If you give were orderes of service) NONE 16b. SOCIAL SECURITY NO 17. INFORMANT 18 USEN H. MKITLIE 2445 Naddress S.K. P. R.C. 16b. SOCIAL SECURITY NO 17. INFORMANT 18 USEN H. MKITLIE 18 Address S.K. P. R.C. 18 M. |
| requires that the death certificate be executed within 24 hours after death physician. Signed by the attending physician and campletely filled in by the Tuneal burial-transit permit. Then please remave carban papers. Pages and 2 burial-tremation, or remaval, and in any event, within 72 hours after death a burial, cremation, or remaval, and in any event. | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) MEDIATE CAUSE (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| at the c the att nsit per mation, | | Conditions, if any, which gove rise to immediate couse (o), (b) |
| aquires that th physician. signed by the burial-transit t | | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Uses. (c) |
| w requiring bh | NO | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |
| ICIAN: The law requires pital or attending physici ritificate has been signed of far use as the burial-af Health priar ta burial, | CERTIFICATION | 190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| PHYSICIAN: e haspital or his certificate stached far u Dept, af Heal | MEDICAL (| 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19 |
| G PHYS the has this ce detache | W | 21d INJURY OCCURRED While Not while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State at work 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) |
| OR ATTENDING PHYSICIAN: The law rube retained by the haspital or attending DIRECTOR: After this certificate has been ge 3 shauld be detached far use as the ed with the State Dept, af Health priar ta | | 22a. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) (we) last saw the deceased alive on19, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. |
| OR ATT De retail De retail De 3 sha de 3 sha | | 22b. SIGNATURE DEGREE PHYS DEGREE PHYS DEGREE PHYS DEGREE PHYS DIRECTOR D STAFF DIRECTOR D STAFF DIRECTOR D PHYS. D 5/7/68 |
| Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt | | 22d. PHYSICIAN'S NAME (Type) John D. Turco, M. D. 22e ADDRESS 363 S. Cleveland Avenue Hagerstown, Md. |
| TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill | L | BURTAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Sopryty) 5/7/68 Keit Church (Cin., 1984) (Cartoss, Md., |
| VR A15 (4) 30M REV. 1/68 | 24 | FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 1.6. Whimsels - GREENCHSTLE, FENNO. DATE MAY 9 1968 Fellowers Judges |

MAKILAND STATE DEPARTMENT OF REALIN



| | | 87 666 | MAKTL DIVISION OF VITAL RECORI | AND STATE DEPARTME | | YIAND 21201 | |
|---|---------------|---|---|--------------------------------------|---------------------------------|------------------------------------|---|
| 7 | : | Item#6,Film#740] | | CERTIFICATE OF I | | 21201 | , 6 ₄ |
| = 2-2= | 1 D | CEASED-NAME First | Middle | Lost | 2a. DATE OF | the I | 2b HOUR |
| es a se | \perp | ype or print) Vel | | | Ma | y 25', | 19684:45M |
| PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the hospital or ottending physician. This certificate has been signed by the ottending physicion and campletely filled in write foreral stoched for use os the burial-transit permit. Then please remove carbon papers. The officents of the death prior to burial, cremation, ar removal, and in ony event, within 12 hours on a death | 3. 51 | Female | 4. RACE White | s. Date of Bir | TH ember24,19 | 6 AGE (In years) 108 56 YRS. | FUNDER YEAR OF UNDER 24 HRS. MICHTHS DAYS HOURS MIN |
| Poor Poor | | ntry) | b. CITIZEN OF WHAT COUNTRY? | B. MARRIED MEVER MARR WIDOWED DIVORC | JED 9. COUNTY OF | DEATH shington | |
| n 24 h | 10. | N. Carolina | 11 NAME OF HOSPITAL O | R INSTITUTION (if not in hospital | 120 USUAL OCCUPATION | (Kind of work done | Md. 12b. KIND OF BUSINESS OR |
| within bon bon with | L | agerstown. | Wash Coun | | during most of working thousewi | | Own Home |
| Page 4 may be retained by the haspital or ottending physician. Page 4 may be retained by the haspital or ottending physician. Puneral Director. After this certificate has been signed by the ottending physician and campletely filled director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon page should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in ony event, within 2. | | USUAL RESIDENCE (Where deceased ission) STATE Penn. | lived, if institution, Residence before 13b COUNTY Bucks | 7 | | eet and number 1 Buck Ro | ad |
| exe nd con remo | 14. | ATHER'S NAME First | M.ddle Lo: | | | Middle | Lost |
| e be | 160 | Jos eph was deceased ever in u.s arme | | | Dove | | sey |
| tificat shysici on plea | 100. | | or dates of service) Non | Frankling F | . Mason 36 | l Buck Rd | Penn |
| th cer ding p . The remo | | PART I DEATH WAS CAUSED | ane cause per line-for (a), (b), and BY. | | | | APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH |
| dea ttenc rmit | | IMMEDIAT | DUE TO, OR AS A CONSEQUENCE | A 4 | | à de .0 | |
| t the or sit pe | | Canditions, if any, which gave | (b) Chro | ue Ilou | ruloseka | Pretel | |
| s tho tian. J by tron- | | stating the underlying cause | DUE TO, OR AS A CONSEQUENCE | OF | - / · | | |
| quires th physician signed by burial-tro burial, cre | | | (c) | T NOT RELATED TO THE TERMINAL | DISEASE OR CONDITION GIVEN | IN PART 1(o) | |
| w reling I | S | seafel | es Melleli | es: | | | |
| he lovithend | CELTIFICATION | 19a DATE OF OPERATION 19b CO | ONDITION FOR WHICH OPERATION WA | S PERFORMED 20a. AUTOP | | YES, WERE FINDINGS CO OF DEATH? | NSIDERED IN CERTIFYING |
| N: TI or o are h are use ealth | | 21a. ACCIDENT WAS UNDERLYING | | 21c. HOW INJURY OCCU | JRRED (Enter nature of injur | y in Part 1 ar Part 2, It | em 1B.) |
| SICIA spital set for of H | MEDICAL | OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine | er) P.M. | 19 | | | |
| OR ATTENDING PHYSICIAL be retained by the haspital SIRECTOR: After this certificate is 3 should be detoched four ed with the State Dept. of He | 2 | ot work - ot work | LACE OF INJURY (AT HOME FARM, STREE OFFICE BUILDING, ETC. | | | ar Town | County State |
| DING by the strer be d State | | 22a. I certify that (1) (this | hospital) attended the deco | eosed from near | 19 6 8, to 1 | - 2 / 194 | thot (I) (we) lost |
| TENI ined DR: A ould | | couses stated thove, | (I) (we) (did) (did not) view | he body ofter death | , (our) apiliton deom c | econted on the dol | e one nour una from the |
| OR ATTENDING be retained by the SKECTOR: After the 3 should be ded with the State | | 22b. SIGNATURE | y oloko | DEGREE PHYS. | MED. | STAFF PHYS. 22c. D. | ATE SIGNED |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retoined by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to | | 22d. PHYSICIAN'S NAME (Type) 17 17 | TOISED F. R | 0514L0 580 | SEZS | Tue. La | asslow |
| O HOSPITAL Page 4 may O FUNERAL director, pag should be fil | 230 | BURIAL, CREMATION, 23b. D. | | OF CEMETERY OR CREMATORY | | N (City or Town) | (County) (State) |
| Pag Pag She she | П | REMOVAL (Specify) Ma | y 29,1968 Whi | te Chapel Ga | rdens Feas | terville | Buck Penn |
| VR A15 (4) 30M REV. 1/68 | 24. | FUNERAL DIRECTOR Hager Andrew K.Coff | stown, Md. ADD man Funeral b | lome Inc. | 2Sq REC'D BY REGISTRAR | 25b. REGISTRARS S | via Judge |



| 1 | | C4001 | DIVISION OF | VITAL RECORD | S, 301 W. F | RESTON STRI | EET, BALTI | MORE, MA | RYLAND 21201 | | |
|---|---------------|---|--------------------------------------|--|-----------------|-----------------------|---------------|---------------------|---------------------------------|----------------------|--|
| and the same of th | I | tem#11,FilmGLO | | | | CATE OF D | | | | | |
| £ -7£/ | I. D | CEASED NAME First | | Midd e | | Lost | | 2a. DATE O | DEATH | | 2b. HOUR |
| death | -{ | ype or print) JAMES | MIC | CHAEL | MCGUFFI | N. SR. | | May | Month 24 Do | y 68 ^{Year} | 6:15am |
| after | 3 . SI | X | 4. RACE | | | S. DATE OF BIR | TH | | 6. AGE (In years last b rthday) | IF UNCER 1 YEAR | IF UNGER 24 HRS. |
| 5 (A) | | MALE | WHI | CTE | | Novembe | er 23, | 1892 | 1051 5 rinday) YRS. | MONTHS DAYS | HOURS MIN |
| ¥ 300 | 7a | BIRTHPLACE (State or foreign | 7b. CITIZEN OF W | | B. MARRIED | NEVER MARR | IED [7] | 9. COUNTY OI | DEATH | | |
| A See See See See See See See See See Se | N | ORRISTOWN, PA. | U.S.A | | WIDOWED | DIVORC | ED 🔲 | | SHINGTON | | Md. |
| (c = = = /a.= | 2 | ITY OR TOWN OF DEATH | 11 N | AME OF HOSPITAL OR | INSTITUTION (IF | not in hospital | 12o. USUA | L OCCUPATION | (Kind of work done | 12b. KIND OF | BUSINESS OR |
| 選 気息等 | | HAGERSTOWN, MD. | giva | teof address) Fr | anklin | | RE RE | TIKED" | FOREMAN (Columbia) | HOSIER | MFG. |
| | 13a adm | USUAL RESIDENCE (Where decease | ed lived, if institut | tian: Residence befo | | | BE THE LIA | | REET AND NUMBER | T11 000 | |
| ecut cam ave | _ | "HAJERSTOWN | WASHTNO | | | | YES NO | | W. FRANKI | IN ST. | |
| and camplet remave carl | 14. | ATHER'S NAME First | Middle | Last | | S. MOTHER'S MAI | DEN NAME Fi | | Middle | | Last |
| ate be | _ | THOMAS | | JFFIN | 1.00 | MARY | <u>_</u> | FOL | | | |
| O N D | 16a. | WAS DECEASED EVER IN U.S. ARA | AED FORCES? ros pridates of service) | 16b. SOCIAL SECURI 214-09-3 | | INFORMANT ARIE E 1 | MCGIIEE' | TN 51 | 3 W FRANKL GERSTOWN. | IN ST | |
| e law requires that the death certifitending physician. 3s been signed by the attending phy as the burial-transit permit. Then priarta burial, cr≡matian, ar remaval | ⊨ | | | · · · · · · · · · · · · · · · · · · · | | Tarrana ta 1 | ACCIONT. | TIA IIIA | ALACOTOWN . | APPROXIA | AATE INTERVAL |
| ding rem | 1 | 1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | D BY: | ne for (a), (b) and | (9.) | lat. | 10. | 1 | | 8ETWEEN O | NSET AND DEATH |
| dec tren rmi | | LL I O O IMMEDIA | ATE CAUSE (o) | AS A CONSTRUCT | y an | bely | Com | ufill | 4 | SO | Alleborne |
| the a | | Canditions, if ony, which gave | | AS A CONSEQUENCE | . A. Oac | J | 10015 | dias | 1000 | 0.0 | 18010 |
| hat n. yy # ansi | | rise to immediate couse (a), stating the underlying couse | (D) | AS A CONSEQUENCE | OF / | CLES. | I Y B X X X | CLIN | MAIR. | 1 | The state of the s |
| es the sicion of the side of t | | last. | (c) | | | | | | | | |
| phys phys igne ouric | | PART 2 OTHER SIGNIFICANT COI | IDITIONS CONTRIBU | ITING TO DEATH BUT | NOT RELATED 1 | O THE TERMINAL | DISEASE ORCO | ONDITION GIVE | N IN PART 1(a) | | |
| ng Ing I | = | 1 / 2 | | | | | | | | | |
| lav endi s be as t rriar | CERTIFICATION | 190 DATE OF OPERATION 19b | CONDITION FOR WH | IICH OPERATION WAS | PERFORMED | 20o. AUTOP | | | YES, WERE FINDINGS | CONSIDERED IN CE | RTIFYING |
| The off has had the property of the property o | 1 | | | | | YES 🗌 | NO 🔏 | | S OF DEATH? | | |
| ICIAN: The pital or a stificate had far use of Health | 12 | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | | FINJURY Manth Day Ye | 21c. F | IOW INJURY OCCU | IRRED (Enter | nature of inju | ry in Port 1 or Port 2, | Item 18) | |
| Did in Bar | MEDICAL | (If either, notify medical exami | ner) P.M. | monii bay 7 | 19 | | | | | | |
| har har ach eept | 2 | 21d INJURY OCCURRED 21e While Not while of work | PLACE OF INJURY | AT HOME, FARM, STREET, OFFICE BUILDING ETC. | FACTORY,) 21f I | OCATION Street | ar R.F.D. No. | City | ar Tawn | County | State |
| r the Detail | | at work of wark | MVVVVIII | 1 1 1 1 | 1.6 | 1/21/ | 10/ | 12 10 1 | - 1 m. 1 10 | 162 16. | (i) (V M) . |
| Affe Affe Sto | ı | sow the deceased a | live on 4 | ended the dece 10 | osed from 1965 | d that in (my |) (our) noir | nian deoth | orcurred on the de | te and hour | (1) (We) last |
| TEN Selection of the conference of the conferenc | | 220. I certify that (I) (the sow the deceosed a causes stated above | e, (I) (w/e) (did) | (XXXXXX) view tl | e body after | death. |) JØ26-1 - E | | | | |
| OR ATTENDING De retained by H NRECTOR: After e 3 shauld be d ed with the State | | 22b. SIGNATURE | 7 1 | , | 1 | ATTENDING | s—ar Mi | FD. | CTAFF | DATE SIGNED | |
| AL OR y be L DIR filed | l | -orange & | undan, | 0 1 | UN DEG | REE PHYS. | MI MI | RECTOR | PHYS. L.J 5 | /24/68 | |
| rral or may be RAL DIR | | 22d. PHYSICIAN'S GEORG | E JENNE | WGS, M.D. | | 22e. ADDR | HAGERS' | rown. | MAC ST. | | |
| Page 4 may be retained by the haspital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached far use as the burial-transit permit. The shauld be filed with the State Dept. af Health priar ta burial, cramatian, ar rem | 23a. | RUPIAL CREMATION 296 | | | OF CEMETERY OF | | | | ON (City or Town) | (County) | (Stote) |
| 5 5 5 5 A | | | 27/68 | | E HILL | CEM. | 1 | HAGERS: | TOWN WASHT | NGTON CO | , |
| /0/Y3 | 24 | FUNERAL DIRECTOR | | ADDR | 55 | | 2SO RECD BY | REGISTRAR | 1968 REGISTRAP | SIGNATURE | udgo. |
| VR A15VAT | 7 | fact's Internes | I | IAGERSTOW | N, MARY | LAND | DATE IV | IN1 9 1 | 300 | - 0 | 0 |
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MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) E a. COUNTY b. COUNTY alter b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Delaware MARYLANO C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) hillurs Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) New Castle d. STREET ADORESS 6. IS RESIDENCE ON A FARM? NO 3 Delaware Washington County Hospital **ベク**ス YES within 0 NAME OF Day DATE Month Middle Last Year DECEASED Miles 19 68 event, Martha Susan May (Type or print) DEATH ē 5. SEX 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Oays | Hours | Min. 8. OATE OF BIRTH гетоле any White Merch 20,1920 Famala WIDOWEO [OLVORGED [7] 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) .⊆ 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician Illiatil certificate be INDUSTRY COUNTRY? Washington U.S.A. Cafeteria Marvland Cook 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending phi removal Beulah Catherine Grove Clarence Martin 15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. transit permit. cremation, or r 214-09-8351 Mrs. Woodrow Poole 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN al-transit ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dissecting Aneurysm Arch Aorta attending physician. hours. gned the burial, the burial, the burial, the **QUE TO** Periarteritis Nodosa 18 months Conditions, If any, which (b) rise to Immediate as the l **OUE TO** (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate None NO X YES I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) detached f te Dept. of MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) Hour a.m. Not While While at work p.m. 19 at work to May 24 retained April 2 96 1968 should ith the (21. I certify that (I) (this headfal) attended the deceased from saw the deceased alive pn VIay 24 1968 and the deceased from the decea _ that (i) fame) last DIRECTOR: age 3 should lied with the 0:05PM, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 22b. DATE SIGNED 05/26/68 22a. SIGNATURE MEO. ATTENOING STAFF page filed M.D. ADDRESS Spring, may FUNERAL TO FUNERAL director, p should be 1 NAME (Type) Archie Robert Cohen, M.D. Clear Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. St. Paul Washington Maryland AOORESS 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR Thompson VR A[5 (4) Funeral Home Hones Judge 20M 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Last 20. DATE OF DEATH 26. HOUR Month 23 (Type or print) FRED BENFRED MILLER May 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS. last birthday) MALE WHITE ZHTHOM OCT. 15, 1889 purai-transir permit. Then please remave carban papers. Pol burial, crematian, ar remaval, and in any event, within 72 haurs 24 hour 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED BLOSERVILLE, PA. U.S.A. WIDOWED [DIVORCED [WASHINGTON 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 125, KIND OF BUSINESS OR 2104 EVERGREEN DR. remave carban TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed with during most of working life, even if retired.) HALFWAY, MD. MFG. completely 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE EITY LUM TS? 13e STREET AND NUMBER 136. COUNTY WASHINGTON YES 😿 NO [HALFWAY 2104 E ERGREEN DR 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First signed by the attending physician and burial-transit permit. Then please rem Middle WILLIAM H. MILLER MENTIE CHARLTON 16b SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 2104 BWERGREEN DR. Yes no or unknown) 217-10-2623 MRS ALICE H. MILLER HALFWAY, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronar min IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Heart Disesse rterioscleratic rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO TO TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 22a. I certify that (I) (this his pical) attended the deceased fram feet 1961, and that in (my) (our) apinian death accurred on the date and haur and fram the causes stated abave, (I) (1965) (did) (1865) (365) be retained 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 5/24/68 DEGREE DIRECTOR 22d. PHYSICIAN'S POTOMAC ST. HAGERSTOWN. MD. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 5/27/68 HAVEN CEM. HAGERSTOWN WASHINGTON C RECID BY REGISTRAR 1988b. REGISTRARS SIGNATUR DATE

MAKTLANU STATE DEPAKTMENT OF HEALTH

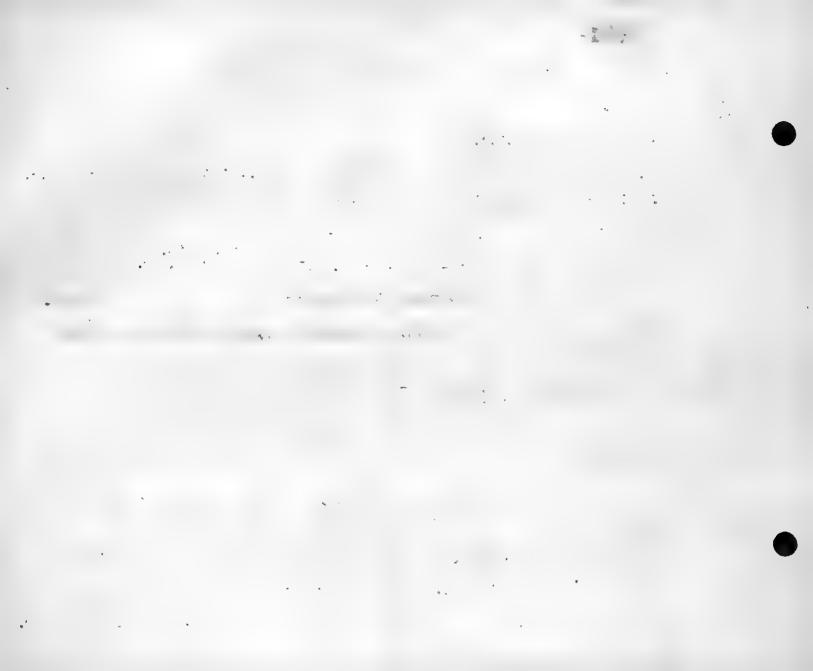
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| <u> </u> | | 17670 | DIVISION OF | VITAL RECORDS, | , 301 W. PR CERTIFICA | | | MORE, MAI | RYLAND 21201 | | 2 phy 8 |
|--|---------------|---|--|-------------------------|--------------------------|----------------|----------------|-------------------------|---|---------------------------------|---------------------------------|
| P | 1 5 | CEASED-NAME F | IFS† | Middle | CERTIFIC | lost | PLATII | In DITT OF | DEATH | | OL UOUS |
| death death | | ype or print) Dani | | illard | Moa | | | 20. DATE OF | 5 Month 18 Do | ^Y 68 ^{yeor} | 2b. HOUR |
| | 3 51 | | 4. RACE | | | 5. DATE OF BIR | | | 6 AGE (In years | 1F UNDER 1 YEAR | IF UNDER 24 MRS. |
| B # # # | | male | white | • | | July : | 19, 19 | 909 | lost birthday) | MONTHS DAYS | HOURS MIN |
| y o h | 70 | BIRTHPLACE (State or foreign | 7b CITIZEN OF WI | HAT COUNTRY? | 8. MARRIED D | NEVER MARK | SIED S | COUNTY OF | DEATH | | |
| = 15 % E | COD | Maryland | USA | | WIDOWED [| DIVOR | (ED | Washi | ington | | Md. |
| Illed pap | 10 (| ITY OR TOWN OF DEATH | 11 N | AME OF HOSPITAL OR IN | STITUTION (If no | it in hospital | 120 USUA | OCCUPATION | (Kind of work done | 12b. KIND OF | |
| within tell fille bon pa | | agerstown | wa Wa | street oddress) | Hospi | tal | | st of working De sup | life, even if retired.) OCT 1501 | insur | ance |
| The law requires that the death certificate be executed within 24 nours after death attending physician. Has been signed by the attending physician and completely filled in by the funeral se as the burial transit permit. Then please remave carbon papers. Proceed the priar ta burial, cremation, ar remaval, and in any event, within 2 bours at the contract of the priar ta burial, cremation, ar remaval, and in any event, within 2 bours at the contract of the con | I3o. odm | SSUAL RESIDENCE (Where dession) STATE Md. | ceosed lived, if institut 13b. COUNTY | Wash. | Boons | | ON ZSZ NO | | REET AND NUMBER | | |
| exe and co | 14 | ATHER S NAME First | Middle | Lost | 15. | MOTHER'S MA | IDEN NAME FI | rst | Middle | | Lost |
| be re re lin | | Leslie | J. Moa | ts | | Mai | ry El | llen | Lambert | | |
| are iciar leas | | WAS DECEASED EVER IN U.S. | ARMED FOR (ES? Ive war or dates of service) | 16b. SOCIAL SECURITY | NO. 17 IN | IFORMANT | | | Address | | |
| hys n p | ۱ | es, no, or unknown) (If yes s | inde was or pases or service) | 214-09-8 | 3436 E | thel | Moats | Boons | boro Rd1 | | |
| th certifi Jing phy Then I remaval | | 18. CAUSE OF DEATH (Enter | r only one couse per Je | ne for (a), (b) and (c) | 1) / | | 1 | 1 | κ . | | NATE INTERVA. NSET AND DEATH |
| adin et er | | PART I. DEATH WAS CA | USED BY: | MACINEX | | 5-00 | 1111 | 99/11 | n 1200 | 213 4 | 1.465 |
| that the dear an. by the attenc transit permit cremation, ar | | 1100 | | AS-A CONSEQUENCE TOF | - | . / | 11/ | / | 711 | 1.11 | 1 2 |
| t the the sit partionation | | Conditions, if ony, which go | ve) | 1187-111 | 2 (in) | 4 CL | 1.8 | ? | (| 44 | (XYU) |
| hat J. Harry Jansi | | rise to immediate couse (stating the underlying cou | 0),(| AS A CONSEQUENCE OF | 4,102 | 7 | 4 (-17 | | | 1 | |
| 4: The law requires that the ar attending physician. The has been signed by the tase as the burial transit poulth priar ta burial, cremating | 1 | lost. | (c) | | | (| / | | | | |
| hys gne uria | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBU | TING TO DEATH BUT N | OT RELATED TO | THE TERMINAL | DISEASE OR CO | ONDITION GIVE | N IN PART 1(o) | | |
| req ng p | | 1 , , | | | | | | | | | |
| dw bee bee | No. | 190 DATE OF OPERATION | 9b. CONDIT ON FOR WH | ICH OPERATION WAS P | FREORMED | 20a. AUTOF | SY? | 20h. IF | YES, WERE FINDINGS (| ONSIDERED IN CE | RTIFYING |
| YSICIAN: The law re aspiral ar attending certificate has been hed far use as the st. af Health priar ta | CERTIFICATION | | 4 | | | YES 🗀 | NO 🗆 | | OF DEATH? | | |
| <u></u> ⊨ ≎ ⊐ ⊆ | EE | 21o. ACCIDENT WAS UNDER | LYING 216. TIME O | FINILIRY | 21c HO | | | noture of initia | ry in Port 1 or Port 2, | Item 181 | |
| fice fice He | 3 | OR CONTRIBUTING CAUSE OF | DEATH HOUR A.M. | Month Day Year | | | - (E)(-01 | 110-010 01 111 01 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 110117 10.7 | |
| renti red t. a | MEDICAL | 21d INJURY OCCURRED | ominer) P.M. | | GORY 3 215 LOG | CATION Street | or PED No | filu | or Town | County | Stote |
| PH he | | ot work | 21e. PLACE OF INJURY | | | | | , | | • | |
| ENDING ned by th R: After i uld be d the State | | 22a. I certify that (I) sow the deceased causes stoted ob | (this hospital) att | ended the deceas | ed from | 1-20- | <u>48</u> , 19 | , to | <u>5~/8</u> , 19 | <u>68</u> , that | (I) (and) last |
| ENG ed Ald he | | sow the deceased | t olive on 2 // | /did not) yew the | body ofter d | i thot in (my | /) (aur) opir | lion deoth o | occurred on the di | ote and hour | and from the |
| ATTENI stained CTOR: A should ith the | | 22b. SIGNATURE | ove, (i) (we) (ulu) | 7 | obuy/direi u | GUIII. | | | | DATE-SIGNED, | . 6 |
| OR J | | Myal | de after | .14 | DEGRE | 117101 | | ED. RECTOR | STAFF PHYS. | 5-700 | 78 |
| Page 4 may be retained to FUNERAL DIRECTOR: director, page 3 shauld should be filed with the | | 22d. PHYSICIAN'S NAME (Type) | 12.12 | 1815491 | 2 11.1 | 22e ADD | Ess Ci | 1616 | BLING RE | 7607 (1 | Rd |
| HOS 39e 4 1UN ouls | 23o. | | b. DATE | ASC NAME OF | CEMETERY OR | CREMATORY | | 23d LOCATIO | IN (City or Fown) | (County) | (Stote) |
| 5 9 9 9 8 V | | BUT 1 a 1 | 5-21-68 | Manor | r Chur | ch Cer | meters | Tile | hmanton | Md. | |
| VR A15 (4) | | FUNERAL DIRECTOR | | ADDRESS | 5 | | 2So. REC'D BY | REGISTRAR | 25b REGISTRAG | S GNATHRE | 11 BOF |
| 30M REV. 1/68 | M | innich Fun- | eral Home | Hagers' | town. | Md. | DATE M | AY 24 | 1968 | cores of | 0 |

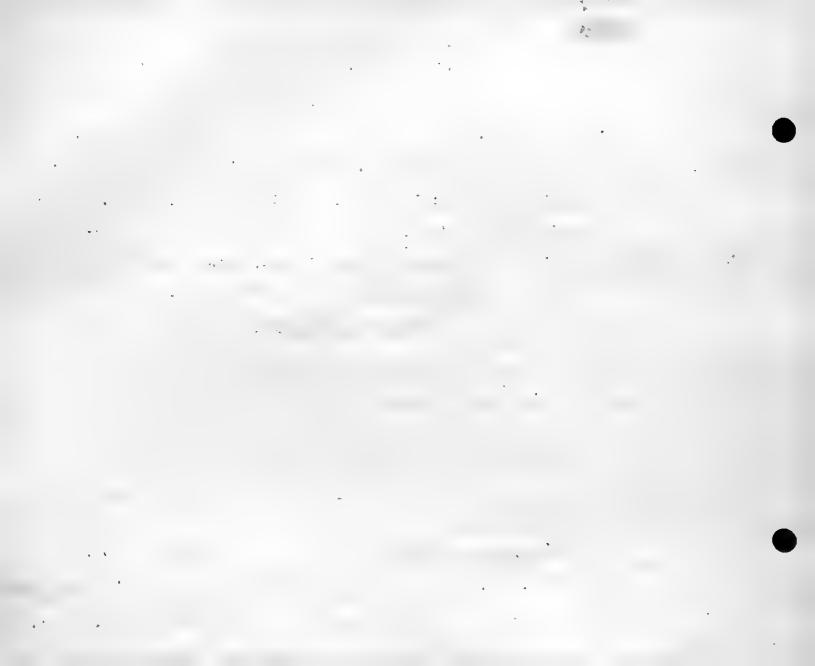
MAKTLAND STATE DEPARTMENT OF HEALTH



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| 9 | | 17671 | | DIVISION OF V | IIAL RECORD | | CATE OF L | - | IMUKE, MA | RYLAND 21201 | | 10 pas |
| 112 | 1 D | CEASED NAME | First | | Middle | CERTIFI | Lost | ZEATTI | 2a DATE O | F DEATH | | 2b HOUR |
| r death uneral 1 and r death | | ima er printi | CHARL | ES | 7777 | MUEL | | | May | | Day 68 Year | 5: 50 at |
| function of the derivative of | 3. SI | | V11741-1 | 4 RACE | | 11000 | S. DATE OF BIR | TH | 1110. | 6. AGE (In years | IF JINDER I YEAR | IF UNDER 24 HRS. |
| after the fui ages 1 | | MALE | | WH | THE | | FEB. 7 | | 6 | last birthday) | MONTHS DAYS | HDURS MIN |
| Sg (≥€ 1 | 7 _D | BIRTHPLACE (Stote or for | eign 7 | 76. CITIZEN OF WHAT | | 8. MARRIED | NEVER MARR | | 9. COUNTY O | | | |
| 24 haurs on in by ers hours | BA | RMEN GERMAI | NY | U.S.A. | | WIDOWED | The state of the s | | W | ASHINGTON | | Md. |
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| within within within within | | HAGERSTOWN | | | | F | | | FACT | life, even if retired ORY | RIBBO | N MFG. |
| and campletely fill cemave carbon promotes and campletely fill and sevent, within | i 3a. adm | SUAL RESIDENCE (When | re deceases | d lived, if institution WASHING! | Residence befa PON | HAGERS | | 3d. INSIDE CITY I | | treet and number Key Aver | ille | |
| d co | = | ATHER'S NAME Firs | it | Middle | Last | | S. MOTHER'S MAI | DEN NAME | | Middle | | Last |
| be re re re | 1 | KARL | | M | JELLER | | ELV | IRA | | | | |
| law requires that the deoth certificate be executed within nding physician. been signed by the attending physician and campletely fills the burial-transit permit. Then please remave carbon point to burial, crematian, ar remaval, and in any event, within | | was DECEASED EVER IN es, ng. or unknown) | | or rintes of service) | 66. SOCIAL SECURI - 51-05-7 | | INFORMANT ARIA MUE | | 331 KEY HAGERST | AVE Address | *** | |
| eoth certif anding phy nit. Then ar remava | | 1B. CAUSE OF DEATH | (Enter anly | | | | ****** | • | | | APPRO | XIMATE INTERVAL ONSET AND DEATH |
| equires that the deoth ce physician. signed by the attending burial-transit permit. The | | PART I. DEATH WA | AS CAUSED | BY E CAUSE (a) | work | 4 AC | chrew | ~ | | | su | siden |
| e de atte an, c | | · / · | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | A CONSEQUENCE | DE- | | _ 1 | / | 1 | 7.4 | |
| that the d an. by the att transit per crematian, | | Canditions, if any, whi rise to immediate car | ch gove | (b) | orle | 10 /6 | 2 cleve | w H | im | diseas | e 39 | 0. |
| tho by tran | l | stating the underlying | | DUE TO, OR AS | A CONSEQUENCE | OF ' | | | | | | |
| equires physicic signed burial-ti | | PART 2. OTHER SIGNIFIC | CANT CONO | (c) | IC TO DEATH BUT | HOT DILATED | TO THE TERMINAL | DISCIPLE OF | COMPUTION ON | THE IN DARK 15-1 | | |
| a bu | | PART 2. OTHER SIGNIFI | CANT COND | THORS CONTRIBUTE | O DEATH BUT | TO KELATED | O ITIE TEKMINAL | DISEASE OK | COMPITION GIV | EN IN PAKT I(O) | | |
| e law re tending as been as the priar ta | NS N | 190. DATE OF OPERATION | 19b. CC | ONDITION FOR WHICH | OPERATION WAS | PERFORMED | 20a. AUTOP | SY? | 20b. | F YES, WERE FINDING | S CONSIDERED IN | CERTIFYING |
| AN: The law requires that or attending physician irate has been signed by far use as the burial-traithealth prior to burial, cre | CERTIFICATION | | | | | | YES 🗆 | NO 🗆 | CAUS | S OF DEATH? | | |
| | | 210 ACCIDENT WAS U | | | | | IOW INJURY OCCU | IRRED (Ente | er nature of inj | ury in Port 1 or Part | 2, Item 18.) | |
| Piral Port | MEDICAL | OR CONTRIBUTING CA (If either, notify medical | | er) P.M. | Manth Day Ye | 19 | | | | | | |
| OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate is 3 shauld be detached far u ed with the State Dept. of Healing | M | 21d INJURY OCCURRED While Not while of work | 21e. P | LACE OF INJURY (A | T HOME, FARM, STREET, FFICE BUILDING, ETC | FACTORY.) 21f. I | OCATION Street | or R F.D. No |). Cit | y or Town | County | State |
| ATTENDING stained by the CTOR: After 1 should be dith the State | | 22a. I certify that | (I) (this | xhyrspitat) atten | ded the dece | sed from | Lyzr | , 190 | 10_/ | 24. | 1961, the | it (I) (We) last |
| END led led lid l | | saw the dece | ased ali | ve an// (l) (we)(did)(d | id (dot) years th | | nd that in (my Ideath |) (oßt) ap | inion death | accufred on the | dote and hav | r and from the |
| ATTENI stained CTOR: A shauld ifth the | | 22b SIGNATURE | <u>د ا</u> | (1) (110) (110) (11 | ATTENT VICTO II | ie body ones | | | | 27 | c. DATE SIGNED | |
| OR DIRE | | Sulme | 7 h | whise | tun | DEG | REE PHYS | | DIRECTOR | STAFF PHYS. | 5/25/68 | |
| Page 4 may be retained by the Funerant Director, page 3 shauld be director, page 3 shauld be dispendent by the State of th | | 22d. PHYS CIAN'S NAME (Type) | YCrist | NOVENSTE | TNM.F | l- | 22e. ADDR | | N. MD. | | | |
| UNE CTGT | 230 | BURIAL, CREMATION, | 23b. DA | | | OF CEMETERY O | | TO TOW | | ION (City or Town) | (County) | (State) |
| T B T F W | 200. | REMOMATI (APTCITY) | 5 | /27/68 | | E HILL | | | TACTOR | TOURS TAKET | TROMORE (| , , |
| VR A15 (08) | 24 | FUNERAL DIRECTOR |) | | ADDR | | | 2Sa. RECD | BY REGISTRAR | 1968 REGISTRA | R S SIGNATURE | udst. |
| 30M REV. 1768 | 1 | Hart 65MM | uger | | HAGERST | OWN, M | RYLAND | DATE IVIA | 1 2 T | 1000 | 0 | 0 |



| MARYLAND STATE DEPARTMENT OF HEALTH | |
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| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
| CERTIFICATE OF DEATH | 179 |
| E - C E 1 DECEASED-NAME First Middle Lost 20 DATE OF DEATH | 2b HOUR |
| (Type or print) JILL ELISE MUMMA Month Poy | / 68 7:30Pm |
| A DATE OF DIDTU | JHOER 1 YEAR OF LINGER 24 HRS |
| FEMALE WHITE MAY 3, 1968 lost birthday) YRS MON | THIS DAYS HOURS MIN. |
| To BIRTHPLACE (Stote or fore gn 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| MARYLAND U.S.A WIDOWED DIVORCED WASHING | GTON Md. |
| 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 1 | 26. KIND OF BUSINESS OR |
| HAGERSTOWN give street address INGTON CO. HOSPITAL during most of working the, even if retired.) | INDUSTRY **** |
| Second S | HOSPTTAI. |
| Niddle Lost 15 MOTHER'S MAIDEN NAME First Middle | Lost |
| EDWARD ALLEN MUMMA GLENDA | WHITLAK |
| 160 WAS DECFASED EVER IN U.S ARMED FORCES. 160 WAS DECFASED EVER | |
| Yes, no or unknown) (If yes give was or dates of service) ****** NONE MR. EDWARD A. MUMMA. HAGERSTOWN | , |
| 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| FART I DEATH WAS CAUSED BY | BETWEEN ONSET AND DEATH |
| B E E D IMMEDIATE CAUSE (a) | |
| DUE TO, OR AS A CONSEQUENCE OF | |
| Conditions, if only, which gove is to immediate course (o). | |
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| 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item | 183 |
| NA B 2 2 2 | , |
| Control Cont | County Stote |
| 216. TIME OF INJURY Continue of Injury in Port 1 or Port 2, Items Continu | oviny |
| of work of work of work of work of work of work of the work of | 8 , that (I) (MVE) clast |
| 22a. I certify that (i) (NIX NOS MODE) attended the deceased from 5-3-68, 19, ta 5-4-, 19 of saw the deceased live an 5-4-68 19, and that in (my) (ovy) apinian death accurred an the date | |
| causes stated oblive, (1) (Well did) (did not) view the bady after death | |
| 22b. SIGNATURE 22c DATE | |
| DEGREE PHYS DIRECTOR PHYS 5 | 16/68 |
| 22d PHYSICIALS NAME (Type) FRANCISCO F ROSILIO M D 580 NORTHERN AVE HAGERSTON | D. MARTIT AND |
| 21b. TIME OF INJURY AT HOME, FARM, STREET, FACTORY.) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 10 Degree of the poly of the poly of twork of two | N. MARYLAND. |
| 230 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) | |
| TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER | County) (State) |
| DOMENT TO THE PROPERTY OF THE | County) (State) |
| REMOVAL (Specify) 5/6/68 ROSE HILL CEMETERY HAGERSTOWN WASI 24 FUNERAL DIRECTOR ROUZER FUNERAL HOME ADDRESS ROUZER FUNERAL HOME ANDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ANDRESS AN | County) (State) |



| | MARYLAND STATE DEPARTMENT OF HEALTH |
|------------|--|
| 162 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| (IVI) | CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b HOUR |
| diter deor | (Type or print) Month Day Year a |
| | 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 14 FIRS |
| | Female White Nev. 26. 1893 To Hours Min Yes |
| | 70 BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH |
|] | Indian Springs. U.S.A. WIDOWED DIVORCED Washington Md. |
| | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done 12b K.N.D. OF BUSINESS OR INDUSTRY |
| į. | Hagerstewn Wash, Co. Hespital Home duties House Work |
| | 13a USDAL RESIDENCE (Where deceased lived, if institution, Residence before 13c (1TY OR TOWN 13d, INSIDE CTY LIMILIS? 13e, STREET AND NUMBER 13f COUNTY 13d, INSIDE CTY LIMILIS? 13e, STREET AND NUMBER 1725 Wabash Ave. |
| 1 | damssion Hagerstewn Yes # NO 1725 Wabash Ave. 14 FATHER'S NAME First Middle Lost 1/15 MOTHER'S MAIDEN NAME First Middle Lost |
| | ,, |
| | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address Hagerstown Md |
| | 1 New Core of British and State of the Control of t |
| | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) A PPROX.MATE INTERVAL SETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cours can cin once of Formach cuttle Mexicologies / Smooths |
| | 1019 DUE TO, OR AS A CONSEQUENCE OF |
| | Conditions, if any, which gave (b) |
| | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF |
| | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-OR CONDITION GIVEN IN PART 1(o) |
| | 1000 Alexan BANASHON O Coto Simuris 16-25-66 |
| | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING |
| | YES NO CAUSES OF DEATH? |
| | |
| | (If either, notify medical examiner) P.M. 19 |
| | While Not while CAFFICE BUILDING, ETC. |
| | |
| | saw the deceased glive an \$3 1960, and that in (my) (evr) apinian death accurred an the date and haur and fram the |
| | causes stated abave, (I) (we) (did nat) view the bady after death. |
| | 22b. SIGNATURE DEGREE PHYS. DIRECTOR |
| | 22d. PHYSICIAN S 22e. ADDRESS |
| | NAME (Type) Dalton M. Welty, M.D. 998 Potomac Avenue, Hagerstown, Md. 21740 |
| | 23a BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) |
| | Burial (Specify) 5/16/68 Shanktewn Cemetery Shanktewn Wash Md. |
| | 24 FUNERAL DIRECTOR ADDRESS 250. RECO BY PEGISTRAR 1958. REGISTRAR 1958. REGISTRAR 1958. |
| | Margaret Rowland Clear Spring Md DATE WITH I |

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• . .

K. . .

| | | | | D STATE DEPARTMENT OF | | |
|--|---------------|---|---|--|---|---|
| | | C. Dr. Alban A | * | 301 W. PRESTON STREET, BAL | TIMORE, MARYLAND 21201 | |
| (NA) | | 00074 | (| ERTIFICATE OF DEATH | | 97675 |
| 72長八 | | CEASED NAME First ype or print) | Middle | Lost | 20 DATE OF DEATH Doy | 2b. HOUR |
| - B | | Nelli | | Newcomer | May 3, Doy | 1900 ID:00PM |
| burial, cremotion, or removol, and in ony event, within /2 hours affer | 3 SE | X | 4. RACE | S. DATE OF BIRTH | 6. AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| | 匚 | Female | White | June 29, 18 | | 10 4 |
| | 7o (| SIRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9, COUNTY OF DEATH | |
| | Ca | vetown, Md. | U. S. A. | WIDOWED DIVORCED | Washington | Md. |
| 9 | 10. 0 | ITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR INS | TITUTION (If not in hospital 120. USU | JAL OCCUPATION (Kind of work done nost of working life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY |
| | 10 | Hagerstown, Md | | | nost of working life, even if retired.) | Own Home |
| 1 | odm | usual RESIDENCE (Where deceos ssion) STATE Maryland | ed lived, if institution. Residence before 13b. COUNTY. Washington | 13c, CITY OR TOWN (3d INSIDE CITY YES) | | Auru |
| | | Maryland ATHER'S NAME First | Mashington Middle Lost | Hagerstown - | - 113 Oak HILL | |
| | 14. 1 | | | 15. MOTHER S MAIDEN NAME | | Lost |
| | 160 | John WAS DECEASED EVER IN U.S. ARA | Weagle | / | Magerswown, | Recker |
| | | es, no, or unknown) (If yes give w | or or dates at service) 2111-511-05 | | Pullman, 715 Oak | |
| | | NO. | ly one couse per line for (a), (b), and (c). | | | APPROXIMATE INTERVAL |
| | | PART I DEATH WAS CAUSEI | D BY: | iency-Periton | cal cavity-t/Pa | BETWEEN ONSET AND DEATH |
| 5 | | I IMMEDIA | DUE TO, OR AS A CONSEQUENCE OF | ien cy den de | | . 0 1110 |
| | | Conditions, if only, which gove | | | | |
| | | rise to immediate couse (a), | (b) DUE TO, OR AS A CONSEQUENCE OF | | | |
| | | stoting the underlying couse lost. | (t) | | | |
| | | PART 2 OTHER SIGNIFICANT COM | NDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE OR | CONDITION GIVEN IN PART 1(a) | · |
| | 2 | . Artorio | scloratic He | est Disesse. | , | |
| | CERTIFICATION | 190. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS PER | RFORMED 20o. AUTOPSY? | 20b. IF YES, WERE FINDINGS CO | ONSIDERED IN CERTIFYING |
| , | Ĭ | | | YES NO Z | CAUSES OF DEATH? | |
| | | 216 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT | | 21c. HOW INJURY OCCURRED (Ent | er noture of injury in Port 1 or Port 2, | Item 18.) |
| | MEDICAL | (If either, notify medical examin | ner) P.M. 19 | | | |
| | ₩. | 21d. NJURY OCCURRED 21e. | PLACE OF INJURY (AT HOME FARM STREET, FAC OFFICE BUILDING, ETC. | TORY.) 21f. LOCATION Street or R.F.D N | o. City or Town | County State |
| | | While Not while of work | | | | |
| | | 22a. I certify that (I) (the | s hospital) attended the decease | ed fram <u>/9 8 7 4 , 19</u> 9 6 7, and that in (my) (our) or | inion dooth occurred on the do | 687, that (I) (we) last |
| | | causes stated above | e, (I) (we) (did) (did not) view the | body after deoth | milon acom accorded on the ad | te one noor and from the |
| | | 22b SIGNATURE | 1 11 | ATTEMPING | MED. STAFF 22c. | DATE, SIGNED/ |
| | | Gord | 2. Hollynn | DEGRÉE PHYS. | MED. DIRECTOR PHYS. | 74/01 |
| 1 | | 22d. PHYSICIAN S NAME (Type) | 1 DILLE | 22e ADDRESS | N. Datas | st Hanorston |
| 2 | | 1-10 | 1d /t / / / / / / / / / / / / / / / / / / | M32-1714 | N. Potomec | 717 |
| 8 | 230. | BUR AL, (REMATION, 23b. REMOVAL (Specify) | | CEMETERY OR CREMATORY | 23d. LOCATION (City or Town) | (County) (State) |
| | 04 | FUNERAL DIRECTOR | - 6- 68 Beave | er Creek Cemetery | Beaver Creek, Wa | |
| 8 | | | | | | iarles Judge |
| | 1116 | ono H. Bast. Jr | . 112 N. Main St. | BOORSDOLO "WOI" AND | U 1900 // | 0 0 |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. (Type or print) Tina Marie Poole May Mentil 8 Day 1968 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF JNDED 24 NRS. lan birthday) MONTHS Nov.18,1968 DAYS NOURS Female White 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED DO Maryland U.S.A. Washington WIDOWED [DIVORCED burial, cremation, ar remayal, and in any event, within 72 completely filled 10 Hagerstown 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR County Hospe Morking life, even if retired) INDUSTRY None 13g USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INS. DE CITY EIMITS? 13e STREET AND NUMBER adm sseni rsiAis and 46 Alexander Washington Hagerstown YES A Street 14. FATHER'S NAME and First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Poole Ruck James Teresa physician 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Mulberry James M. Poole Yes, red punknown) (If was give world desper agrice) None 40 attending p CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY signed by the burial-transit p Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(o) Page 4 may be retained by the haspital ar attending) FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO I 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (if either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Net while at work 22a | certify that (I) (this hespital) attended the deceased from 31 87 saw the deceased alive an 37 and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated abave, (4) (we) (did) (different) view the bady after death. 126 SIGNATUR 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S NAME (Type) 220. ADDRESS 3 23b DATE 23c NAME OF CEMETERY OR CREMATORY 236. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (State) REMOTE Specify 1 20/68 Cedar LawnMem.Garden Maryland. Hagerstown 2 K. Coffman Funeral Mome Inc. Hagerstown, Maryland. 2Sa. REC'D BY REGISTRAR 30M REV

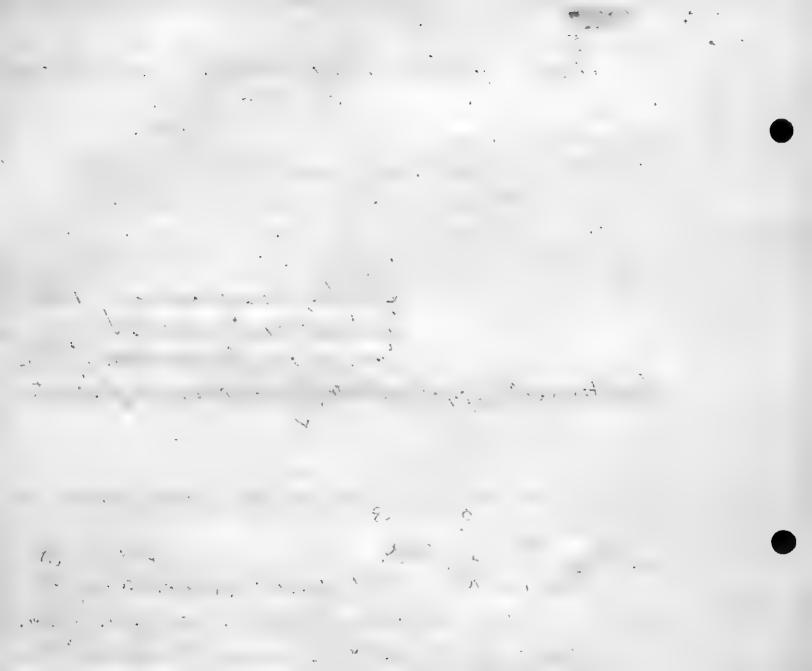
MAKYLAND STATE DEPARTMENT OF HEALTH



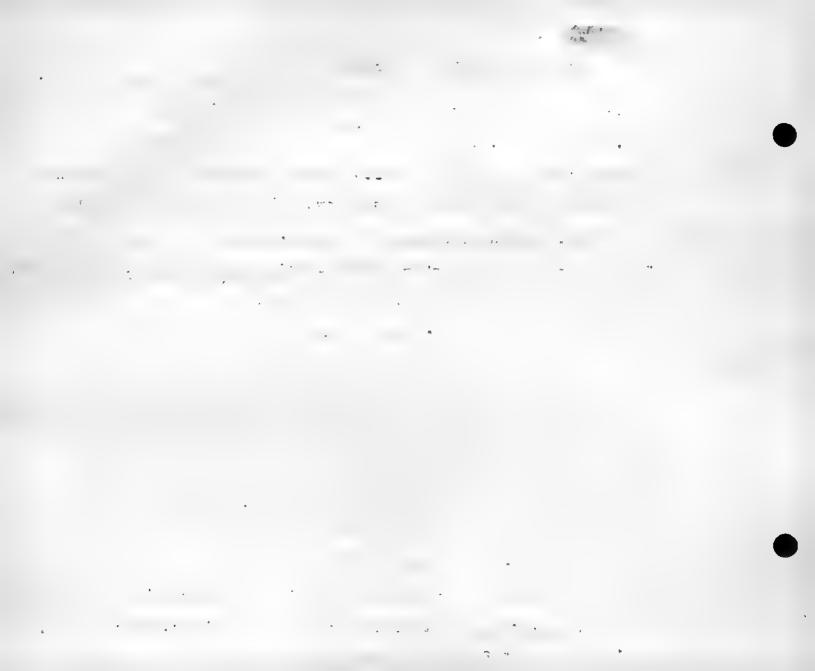
| 5-1- | | 2505 | | ORDS, 301 W. PRE | EPARIMENT OF HI STON STREET, BALTIF TE OF DEATH | MORE, MARYLAND 21201 | | 7 |
|------|---------------|---|---|------------------------|---|---|------------------|---------------------------------------|
| SVE | 1 D | ECEASED NAME First | Middl | | Lost | 2a. DATE OF DEATH | | 2b. HOUR |
| 1 | (1 | Type or print) Jos | eph H. | | Pryor | May Month 4 De | ру 1968 г | 2P. M |
| / | 3 SE | EX | 4. RACE | 5 | . DATE OF BIRTH | 6. AGE (In years last birthday) | | UNDER 24 HRS. |
| | | Male | White | | ig. 21. 1888 | 79 YRS | | OURS MIN. |
| 1 | | BIRTHPLACE (State or foreign ntry) | b. CITIZEN OF WHAT COUNTRY? | | | , COUNTY OF DEATH | | |
| / | | Lantz Md. | U.S.A. | WIDOWED [| 1 11 | Washingt | | Md |
| | | CITY OR TOWN OF DEATH Hagerstown | give street oddress) Washingt | on Co., Ho: | m hospitol 120. USUAL during mos | . OCCUPATION (Kind of work done st of working life, even if refired) Operator | INDUSTRY Landis | SINESS OR TOOL C |
| 1 | 13a odm | USDAL RESIDENCE (Where deceased issign) STATE Mrd | lived, if institution Residence 13b COUNTY Washing | before 113c CITY OR TO | OWN 36. INSIDE CITY of M | 1130. STREET AND NUMBER | | |
| 1 | 14 | FATHER'S NAME First | Middle | | MOTHER'S MAIDEN NAME FIR | | - | Last |
| | | John | W. | Pryor | | Amanda | | Brown |
| | 16a. Y | WAS DECEASED EVER IN U.S. ARME (es, ng, ar unknawn) (If yes give war | D FORCES? 16b SOCIAL SE | | ORMANT | Address cet A. Pryor, Hj | obfield 1 | |
| | ATION | Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUE (b) Howard DUE TO, OR AS A CONSEQUE (c) Heway | NCE OF SURFIELD TO THE | THE TERMINAL DISEASE ORCO | 20b IF YES, WERE FINDINGS | 2 y | hs. |
| 2 | CERTIFICATION | 21a ACCIDENT WAS UNDERLYING | | | YES NO D | CAUSES OF DEATH? | | |
| | MEDICAL (| or contributing Cause of DEATH | HOUR A.M Manth Doy | | INDOKT OCCORRED (EITHER | notice of injury at FOR 1 OF PORT 2 | , nem ro.j | |
| | MEE | | LACE OF INJURY (AT HOME FARM, OFFICE BUILDING, | | ATION Street or R.F.D. No | City or Town | Caunty | State |
| | | 22a. I certify that (I) (this saw the deceased ali couses stated above, | hospitol) attended the c ve on | 19 <u>Ce&_</u> and | that in (my) (our) apin | nion deoth occurred on the c | |) (we) last id from the |
| | | 22b. SIGNATORE | Fe Hens | M. D DEGREE | | ED STAFE COL 4 | DATE SIGNED | |
| 1 | | 22d. PHYSICIAN S NAME (Type) Charle | es F. Hess | | 22e. ADDRESS Smiths | sburg. Md. | | |
| 0 | 23a | BURIAL, CREMATION, 23b. DA | ATE 23c No | AME OF CEMETERY OR CI | | 23d. LOCATION (City or Town) | | (State) |
| | | | | Bethel | | | rederick | Md. |
| | 24. | FUNERAL DIRECTOR | ff , | odress vnesboro Pa | 2So. REC'D BY | REGISTRAR 1968 REGISTRAR | School Jan | ge. |



| | TH |
|--|--|
| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO | RE, MARYLAND 21201 |
| Item #5, film G401 6/10/68 en CERTIFICATE OF DEATH | |
| 1. DECEASED-NAME (Type or print) O First Phydole Publish 1 20 | DATE OF DEATH 2b. HOUR |
| (Type or print) Oscar Ne Van Kaup /se | May Manth 30 Day 1988 7:50AM |
| 3 SEX 4 RACE S DATE OF BIRTH 802 | 6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS |
| MALE WHITE JUNE 8, 1889 XX | 1-s birthday) MONTHS DAYS HOURS MIN. |
| 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. CO | UNTY OF DEATH |
| COUNTRY PENNSYLVANIA U.S.A. WIDOWED X DIVORCED | WASHINGTON Md. |
| 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of | UPATION (Kind of work done 12b. KIND OF BUSINESS OR |
| HAGERSTOWN GIVE STEEN MD. STATE HOSPITAL during most of RE IN | working lite eyen it retired) PITNEY BOWERS |
| 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JMITS? | 13e. STREET AND NUMBER |
| 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c City OR TOWN 13d INSIDE CITY UNITS? advantage of the county Units? ACT OF TOWN 13d INSIDE CITY UNITS? | 24 CLINTON AVE. |
| HAGERSTOWN System oddress HAGERSTOWN STATE HOSPITAL | Middle Last |
| # 5 E WILLIAM L. RAUP MARY | ELIZABET CG _CRATS |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) (If yes green word of doles all service) 170-01-3061 MARY LOUISE RANP | 24 CLINTONS AVE. |
| Yes, no. or unknown) (If yes gave wor or doles of service) 170-01-3061 MARY LOUISE RANP | HAGERSTOWN, MARYLAND |
| IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF | emorea lwh |
| DUE TO, OR AS A CONSEQUENCE OF | 0 / 5 |
| Canditions, if any, which gave rise to immediate cause (a), (b) Cerebral value | ir accident Iman |
| Tise to immediate cause (a). stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF | several |
| 10. CITY OR TOWN OF DEATH HAGERSTOWN HAGERST | erioscleras nears |
| Type or print S DAR OF BIRTH S DA | ION GIVEN IN PART 1(a) |
| Sign of the state of operation 196. CONDITION FOR WASH OPERATION WAS PENFORMED 20 AUTOPSY? | skross, my wowever |
| 190. DATE OF OPERATION 196. CONDITION FOR WARH OPERATION WAS PERFORMED 20 AUTODAY? | 206 IF YES, WERE INDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 190. DATE OF OPERATION 196. CONDITION FOR WACH OPERATION WAS PENFORMED 20 AUTOSY? YES NO 1 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIBY 1216 HOW INITIBY OCCURRED (Factor pools) | |
| 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter notu | re of injury in Port 1 or Port 2, Item 1B.) |
| TO CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year [If either, notify medical examiner] P.M. 19 21d INILIRY OCCURRED 21e PLACE OF INILIRY (AT HOME, FARM, SIRRET, FACTORY) 21f IOCATION Street or P.E.D. No. | |
| 216. HOW INJURY OCCURRED (Enter note that the property of the | City ar Town County State |
| of twork of work of wo | 5 39 10/6 11-1/11/20 |
| 22a. 1 certify that (1) (this haspital) attended the deceased from 2 - 6, 1968 saw the deceased alive an 1968, and that in (my) four) apinian | death accurred on the date and hour and from the |
| causes stated abave, (1) (We) (did Not) view the bady after death. | avail december on the state distribution and right ing |
| Z2b. SIGNATURE ATTENDING MED | STAFE 22c DATE SIGNED |
| | |
| Causes stated abave, (!) (We) (did) (did-Not) view the bady after death. 22b. SIGNATURE 22b. SIGNATURE 22b. SIGNATURE ATTENDING DEGREE PHYS. DEGREE PHYS. DEGREE ATTENDING DIRECTOR DIRE | OR - STAFF D- 5-30-68 |
| 22d. PHYSICIANS NAME (Type) Edition C. R. C. M. D. 22e. ADDRESS NAME (Type) Edition C. R. C. M. D. C. | Mara a fray MI |
| Page Physicians Name (Type) Edwin G. Riley M.D. 226. ADDRESS Penn | Hagerstown, Md. |
| 22d. PHYS.ICIAN S NAME (Type) Edwin G. Pley M.D. 22e. ADDRESS NAME (Type) Edwin G. Pley M.D. 22e. ADDRESS NAME (Type) Edwin G. Pley M.D. 22e. ADDRESS REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23c. | AHagers to wh, Md_ LOCATION (try or Town) (Caunty) (State) |
| 22d. PHYSICIAN'S NAME (Type) Edwin G. Riley M.D. 22e. ADDRESS Pennal PARTIES, CAMPACTURE (Type) Edwin G. Riley M.D. 23c. NAME OF CEMETERY OF CREMATORY 23c. | Acation (ity or Town) (County) (State) LEASANT HILLS, ALLEGHENY, PA. |

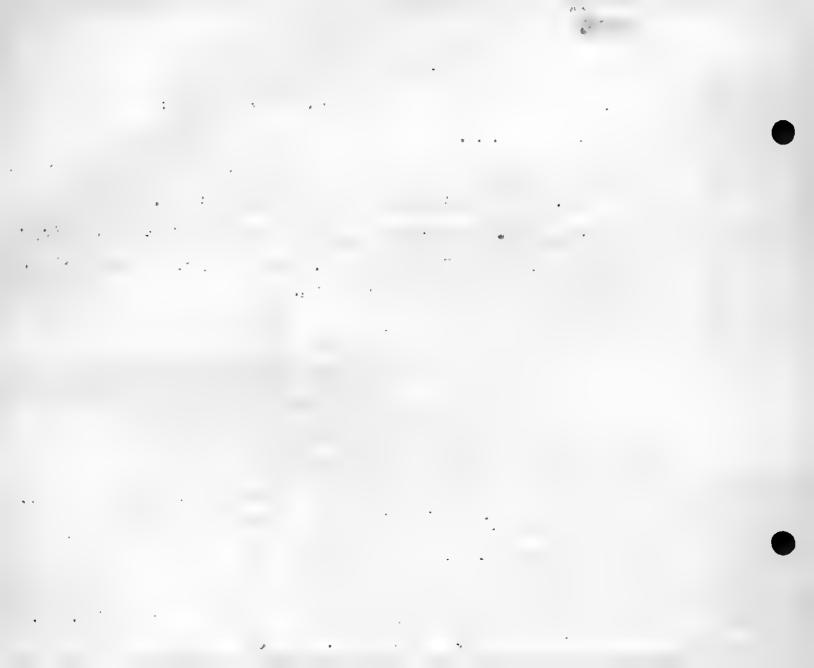


| (1) | CEASED NAME (pe or pant) Wilbu | r Stroh Middle | Remsberg | | Month Doy | Year |
|----------------|--|--|--|-----------------------------------|---|--------------------------|
| 3. SE) | (| 4. RACE | 5 DATE OF BIRTH | May 2 | GE (In years IF UNO | DER I YEAR IF |
| L | Male | White | Feby | 28 1898 | st birthday) MONTHS | S CAYS F |
| coun | try) | b. CITIZEN OF WHAT COUNTRY? | 8. MARRIER NEVER MARRIED | = 1 | | |
| 10 0 | Maryland TY OR TOWN OF DEATH | U.S.A. | WIDOWED DIVORCED NSTITUTION (If not in hospital | Washin 12a USUAL OCCUPATION (Kin | | . NIND OF D |
| IV. C | | rive street address) | | luring mast of warking life. | even if retired.) INC | KIND OF BU |
| 13a. I | Hagerstown USUAL RESIDENCE (Where deceased | lived, if institution; Residence before | milton Blvd | Draftsman | AND NUMBER | sign |
| odmis | sign) STATE Maryland | 13b COUNTY Washington | Hagerstown YES | £ NO□ 208_ | Hamilton | Blvd |
| | ATHER'S NAME First | Middle Lost | IS MOTHER'S MAIDE | | Middle | |
| | Rev Dr. W | ilson I. Remsk FORCES? 16b. SOCIAL SECURIT | perg Kati | e Stroh | | |
| 16a. Ye | ss. no, or unknown) (If yes give wer | or dates of service) | | | Address | |
| - | NO | ane cause per line far (a), (b), and (a) | 3742Mrs Jess | <u>1e B. Remsb</u> 208 amilto | erg Hager | APPROX MA |
| 11 | PART I DEATH WAS CAUSED | one coose her ring for (a), (b), and (| IN I HEMO | | - | BETWEEN ONSE |
| 11 | 4/00 | DUE TO, OR AS A CONSEQUENCE O | | , | | |
| | Conditions if any, which gave inse to immediate cause (o), | 161 HYPERTERS | WE - ARTERIOS | whome C- | JOISEASE | - <u>-</u> |
| | stating the underlying couse(| DUE TO, OR AS A CONSEQUENCE O | | | | |
| 1 1 | last, | (c) | | | | |
| | PART 2 OTHER SIGNIFICANT COND | ITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DIS | EASE OR CONDITION GIVEN IN | PART 1(a) | |
| 121 | 19a. DATE OF OPERATION 19b. CO | ONDITION FOR WHICH OPERATION WAS F | PERFORMED 20a AUTOPSY? | 20b. IF YES, | WERE FINDINGS CONSIDE | RED IN CER |
| | | | YES 🗀 | NO CAUSES OF | DEATH? | |
| - 5 | | | | | | 9.1 |
| CERTIF | 210. ACCIDENT WAS UNDERLYING | | 21c. HOW INJURY OCCURR | ED (Enter noture of injury in | Port 1 or Part 2, Item 18 | 0.1 |
| DICAL CERTIF | OR CONTRIBUTING CAUSE OF GEATH | HOUR A.M. Month Doy Yeo | 21c. HOW INJURY OCCURR | | | |
| MEDICAL CERTIF | OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical examine 21d INJURY OCCURRED 21e, P | HOUR A.M. Month Doy Yes | 21c. HOW INJURY OCCURR | | | |
| MEDICAL CERTIF | Greather, notify medical examine 21d INJURY OCCURRED 21e. Pl While Not While at work | HOUR A.M. Month Doy Yed P.M. ACE OF INJURY (AT MOME FARM, STREET, OFFICE BUILDING, ETC. | 21c. HOW INJURY OCCURR 19 ACTORY.) 21f. LOCATION Street or | R.F.D. No. City or T | awn Coun | nty |
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2b. HOUR 1 DECEASED-NAME First MayMonth after death (Type or print) 1968 Robert Reynolds Thomas 4. RACE S. DATE OF BIRTH HE JINDER 1 YEAR IE LINDER 24 HRS 3. SEX 6. AGE (In years last birthday) HOURS Nov. 28 1912 White Male YRS requires that the deoth certificate be executed within 24 hours 9 COUNTY OF DEATH To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MAPRIEK K NEVER MARRIED country) Washington bon popers Maryland U.S.A. WIDOWED DIVORCED | and completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH **O FUNERAL DIRECTOR:** After this certificote hos been signed by the attending physician and completely fille director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carbon po should be filed with the Stote Dept. of Health prior to burial, cremation, ar remavol, and in ony event, within during most of work ng life, even if retired) Public Scho give street odgress) Rura Smithsburg 13a USUA: RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER adm ssaan) STATE 136 COUNTY NO-F Smithsburg Rural # 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost Stockslager Revnolds Grace Allen Anna physician o 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address 219-36-3678 Yes, no, or unknown) [(If yes give wor or dates of service) Francis L. Revnolds Smithsburg #2 Md 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Conditions, if only, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) P.M (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R F.D. No. State 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town Caunty While Not while of work 3/1 au 19 6x saw the deceosed olive on 2 (04 196), and that causes stated abave, (+) (we) (did) (did nat) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type), 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23g. BURIAL CREMATION. 23b. DATE REMOVAL (Specify) Smithsburg Md. Smithsbug Cemetery W sh May 5 1968 24. FUNERAL DIRECTOR
Minnich Funeral Home Smithsburg Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) DATE MA 30M REV 1/6B

MARYLAND STATE DEPARTMENT OF HEALTH



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| withi tely fi rbon , with | 10 | Hagerstown | give street oddi | aton Count | y Kospital | ng mast af warking life, even if retired. Housewife CTY LIMITS? 13e. STREET AND NUMBER | Own Home | |
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| ertificate be physician nen please noval, and is | Υ | es, na or unknawn) (If yes give wa | r or dates of service) 216 | -14-5886 | Mrs. Mary 20 | Kretzer 243 West | Side Ave. | |
| ng p The | | 1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | one cause per line far (a) | (b) and (c).) | - ' | | APPRÖX MATE INTERVAL BETWEEN ONSET AND GEATH | |
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| law Is the rior t | ATIO | 19a DATE OF OPERATION 19b C | ONDITION FOR WHICH OPERA | ATION WAS PERFORMED | 20a AUTOPSY? | | S CONSIDERED IN CERTIFYING | |
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| AN: I or I or cate or u | | 21 d. ACCIDENT WAS UNDERLYING CAUSE OF DEATH | | Day Year | . HOW INJURY OCCURRED | (Enter nature of injury in Part 1 or Part | 2, Item 1B.) | |
| SICU Partificial Partificial | MEDICAL | (If either, natify medical examin- | er) P.M. | 19 | | | | |
| ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deal etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the functional be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hoors after a significant to burial. | 2 | 21d INJURY OCCURRED 21e. I While Not while at work | PLACE OF INJURY (AT HOME OFFICE BU | HOING, ETC. | F LOCATION Street or R.F.I | O Na. City ar Tawn | County State | |
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| ed to the State of | | saw the deceased ali causes stoted abave, | (I) (we) (did) (did not | 19 41, | and that in (my) (our |) opinian death occurred an the | dote and haur and from the | |
| TA Life High High High High High High High High | ı | 22b SIGNATURE | , (i) (we) (did) (did ilo | j view ine body an | | 22 | 2c. DATE SIGNED | |
| OR OR IE | | ٤ | drongs /no | word | EGREE PHYS | MED STAFF PHYS. | | |
| Page 4 may be retained by the haspital or attending physician. Page 3 for the death certificate be executed within 24 hau page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho | | 22d. PHYSICIAN'S NAME (Type) Fids on | B. Moody, M | .D. | 22e. ADDRES 363 S • | Cleveland Ave. Ha | gerstown, Md. | |
| IOSE UNE Sector | 230 | BURIAL CREMATION 23b. D | | 3c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION (City or Town) | (County) (State) | |
| D B G F F | | DEMOVAL (Specify) | /26/68 | Rest Haven | | Hagerstown-W | | |
| 19/11 | 24. | FUNERAL DIRECTOR Whee | a. Horor | ADDRESS | 2Sa. RE | C'D BY REGISTRAR 2Sb. REGISTRA | R'S SIGNATURE | |
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| | 1 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
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| FOR STATE | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 282 |
| HEALTH DEPA | 1.0 | | o 41 la ous |
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| 5 5 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 3 \$ | DEATH MATED 5 SEX 4 RACE 5. DATE OF BIRTH / 6 AGE (m years 1 F UNDER 1 YEAR F UNDER 24 HRS 20 DATE PRONOUNCED DEAD | 17 1000 DW |
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| | 14, 1 | FATHER'S NAME First Middle HIPMAN IS. MOTHER'S MAIDEN NAME First Middle | JNCAID |
| hin ncal niae paga | | WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. of unknown) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO 17 INFORMANT FRANK P. HUPAGAN ADDRESS 577) | JUNTON) |
| | | 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (ct) | APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH |
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| is certific ite, writin is forward be used as removal, | S S | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
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| | 2 | 21d INJURY OCCURRED 21e PLACE OF NI_RY (At home, form, street, 21f LOCATION Street of R.F.D. No (sty or Town) | County State |
| DEPUTY SICAL EXAMINER: ressory, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation. | | AT WORK AT WORK X | 184 INC |
| bleat EXA please execute director. Page estained for you DIRECTOR: Pag or to burial, crr | | 22a certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry | , and in my apinion |
| JIY SICA ITY, please estand director. Be retained RAL DIRECTOR | | death resulted fram: Natural auses , Accident X, Suicide , Homicide , Undetermined manner | |
| direction of the control of the cont | | ACTUAL CHIEF MEDICAL EXAMINER C | 1 , |
| Ty, ple | | SIGNATURE AND ASSISTANT MEDICAL EXAMINER 220 DATE | 16495/68 |
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| O DEPUTY necessory, the funeral 5 may be r 6 FUNERAL Health prid | 230 | Tigent to to to | 160 Stewn MI |
| F 1, E - | 230 | BURIAL, CREMATION, 230 DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION (City or Town) 100 REMOVAL (Specify) 4 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | (Cochry) (State) |
| | 24. | FUNERAL DIRECTOR 250 REGISTRAR 40 COD REGISTRAR 5.5 | IGNATURE |
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| | 100 | | |





MARTLAND STATE DEPARTMENT OF REALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1768 1. DECEASED NAME Middle First Lost 20 DATE OF DEATH and 2 death. after death (Type or print) Edward William Schuhmann 18 May 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR DE UNOFR 24 HRS last bighday) DAYS MONTHS T HOURS Sept. 9. 1883 male White YRS Lours 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED New Jersey USA Washington WIDOWED TO DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within Wash. Co. Hospital during most of working life, even if retired.) INDUSTRY Hagerstown textile Mach physician ond completely en please remove carba buriol, cremotion, or removal, and in any event, 130 JSUAL RESIDENCE (Where deceosed lived, if institution Residence before 133 CITY OR TOWN odmission) STATE 13b COUNTY 13b COUNTY 15 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER YES 🛨 NO T 420 Belview Ave. 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Charles Schuhmann Katharina Abersfelder 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no. or unknown) 96-03-8174 Marie Scott, Hagerstown, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Bilutera DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if ony, which gave) Tuitava rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 14 X PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART ((o) be retained by the haspitol or attending FUNERAL DIRECTOR: After this certificate has been irector, page 3 shauld be detached for use as the hauld be filed with the State Dept. of Health prior to Hupopitui Tarism 190. DATE OF OPERATION 20d. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work TENDING 22a. I certify that (1) (this haspital) attended the deceased fram... saw the deceased alive on Mac 1 / 1 1968, and that in (my) (aur) apinion death accurred on the date and hour and fram the director, page 3 shauld should be filed with the couses stoted above, (1) (we) (did not) view the body ofter death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) tagenslown 23b. DATE 23o BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) burial (Specify) 2 5-20-68 Reading, Penna. Gethsemane Cometery REGISTRAR 196856. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV 1/68 Minnich Funeral Home, Hagerstown, Md. DATE

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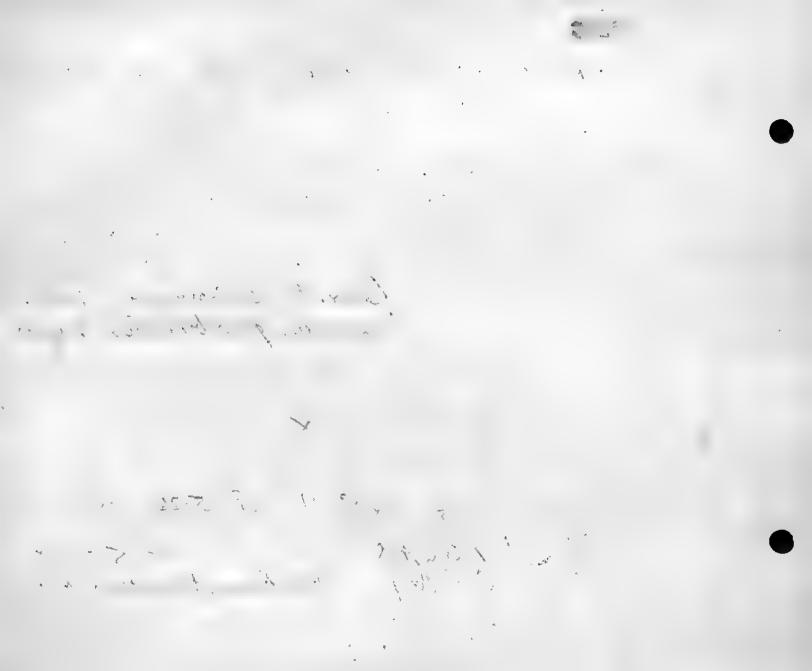
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, and control · 14/ 10 + 10 - 14.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 1 DECEASED NAME Middle 2b. HOUR (Type or print) May Houth Gordon. Clarence Shifflett 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF SINDER 1 YEAR last bythday) **MONTHS** white male Aug. 16, 1920 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country Maryland Washington USA WIDOWED | DIVORCED [The low requires that the death certificate be executed within 24 filled i 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done burial, cremation, or removal, and in any event, within 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give street oddress Co. Hagerstown during most of working life, even of retired.) Sand blast Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c CITY OR TOWN 13d BASIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Mc 13b. COUNTY Wash. Hagerstown 213 Woodpoint Ave. YES 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Lost Emory Shifflett Nettie Sulliman 16b SOCIAL SECURITY NO 17 INFORMANT Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes po ar unknown) 213-12-7304 Clara Mae Shifflett, Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) 17 mis buriol-transit rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) IO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the sh≡uld be filed with the State Dept. of Health prior to 19d DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while 220. I certify that (I) (this hospital) attended the deceased from _______, 19_____, to ________, 19______, that (I) (**) last saw the deceased olive on _________, 19_____, ond that in (my) (aur) apinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the bady after death ATTENDING PHYS DIRECTOR 22e ADDRESS 22d PHYSIC AN S NAME (Type) 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 5-5-68 Rest Haven Cemetery Hagerstown, Md. 25b. REGISTRAR'S SIGNATURE Hagerstown, Md. Funeral Home, Vilianes & VR A15 (4) 30M REV. 1/68 DATE

MAKTLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. I DECEASED NAME 20. DATE KNOWNER Month (Type or Print) 3 to Page SMITH. SR. MEHRLE DOWNIN DEATH MATED IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 6. AGE (n years 2c DATE PRONOUNCED DEAD White Nov. 20.1899 68 YRS. 19685:15 7o. BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED [DIVORCED [Washington Maryland
IO. CITY OR TOWN OF DEATH 12a USUAL OCCLPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Nr. Cearfoss Cearfoss Pike
13a LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CHY OR TOWN Electrician Retired 13d INSIDE LITY , M 157 13b Washington Maryland ond 2 14. FATHER S NAME IS. MOTHER'S MAIDEN NAME Alvey J. Smith poges Harriet Bertha Downin 166 SOCIAL SECURITY NO 524 INFORMANT ADDRESS Gerstown, Md. (Yes, na, or unknown) Mrs. Alice 217-10-APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Crushed chest Sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗍 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. on auto-auto collision 5:10 PM 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County factory, affice building, etc.) WHILE NOT WHILE AT WORK AT WORK HagerstownWash. Md. Rt. 58 Inspection _____ 220. I certify that I took charge of the remains described above, held an Autapsy Inquiry , ond in my opinion Hamicide death resulted fram: >#afaral causes Accident Stricide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNES /3/68 ASSISTANT MEDICAL EXAMINER SIGNATURE Howard N. Weeks, M.D. 580 Northern Mayers Hagerstown Md. **EXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, tawn, or county) NAME (Type) 23d LOCAT ON (City or Town) I CO (Capit) 230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) St. Marks Lutheran Cem Wolfsville. Md. Hagerstown, VR A15ME (5) Andrew K. Coffman Funeral Home. Inc DATE

N. 2 **(1)**

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH m#G1:00 5/13/68km Lost 20. DATE OF DEATH DECEASED-NAME 25. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Month Melvin Smith Yeor and completely filled in by the funeral Paul 8:40 M 948 after 4 RACE S. DATE OF BIRTH 6 AGE fln veors IF JNOER I YEAR IF JINDER 24 HRS. iost birthdoy) MONTHS 1 HOURS male white Sept. 22, 1912 9. COUNTY OF DEATH burial-transit permit Then please remove carbon papers. P burial, cremation, ar remaval, and in any event, within 72 hauf 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 1 NEVER MARRIED country) Illinois USA Washington DIVORCED [77] WIDOWED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) + Tash. Co. Hosp. during most of working life, even if retired.) INDUSTRY Hagerstown plumbing 13o USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATMaryland 13a COUNTY Washington Smithsburg YES NO X RFD 2 15. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle Lost Silas M. Smith Minnie Wolfe 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes no or unknown) 1 (It was give war or dates of service) 220-10-3560 Ruth N. Smith. Smithsburg. Md. APPROXIMATE INTERVA i8. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART i. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Cerebral thrombosis 2 hours IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burnat-transit p Arteriosclerotic cardiovascular disease 4 vears rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Diabetes mellitus 3 years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) **) FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES [NO [X] 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not white of work 22a. I certify that (1) (this haspital) attended the deceased from 4-23, 19-55, ta 5-5, 19-68, that (1) (we) last saw the deceased alive an 4-29 19-68, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATU ATTENDING DEGREE DIRECTOR PHYS. 22e, ADDRESS 22d. PHYSICIAN'S Charles F. Hess, M.D. Smithsburg, Moryland 21763 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) 5-8-68 Smithsburg, Md. Smithsburg Cemetery 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS Minnich Funeral Home, Hagerstown, Md. 2So. REC'D BY REGISTRAR 1968 VR A15 (4) 30M REV, 1/68 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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| 100 | | | | 301 W. PRESTON STREET, BAL' CERTIFICATE OF DEATH | IMORE, MARYLAND 21201 | 190 |
|---|---------------|---|--|---|---|---|
| erol und 2 | | ECEASED-NAME First (ype or print) Garu | Middle Lunn | lost Smoot | 2a DATE OF OEATH Month Oay Mau 19 | Yeor 1968 |
| offer of the control | 3. \$ | | 4. RACE White | S. DATE OF BIRTH | 6. AGE (In years last birthday) | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN |
| 24 hours d in gwar pers Pe | (QU | BIRTHPLACE (Stote or foreign ntry) | 75. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARR.ED MIDOWED DIVORCED | 9. COUNTY OF DEATH Washington | N |
| within 's | 10 1 | dagerstown | 11 NAME OF HOSPITAL OR IN: give street address) Washington (ed lived, if institution: Residence before | STITUTION (If not in hospital 120 USE during n | IAL OCCUPATION (Kind of work done nost of working life, even if refired) | 12b KIND OF BUSINESS OR INDUSTRY None |
| comple nove ca | adm | Issian) STATE IT ary and FATHER'S NAME First | ed lived, if institutions Residence before 13b, COUNTY Washington Middle Lost | | 10 X R#1 | Lost |
| ote be er | 16g | Russell WAS DECEASED EVER IN U.S. ARN | Ray Smoo | t U | iola Claudine Address | |
| certifica g physic Then plumoval, | | 110 | Varier dates of service) None ly one cause per tine for (a) (b) and (c). | R.R. Smoot R # | † 1 Sharpsburg, Old | APPROXIMATE INTERVAL BETWEEN DISET AND DEATH |
| e deoth ottendin ermit. | | PART I. DEATH WAS CAUSED | D BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF | eral Atelectosis | - Stuspe | 24 hrs |
| requires that the death certificate be executed within 24 hours after death, g physician. I signed by the ottending physician and completely filled in professional surfactorial-transit permit. Then please remove carban papers Peases I and 2 burial-transit permit. Then please remove carban papers Peases I and 2 burial, cremotion, or removal, and in any event, within 72 hours after death | | Canditions, if any, which gave to immediate cause (a), stating the underlying couse | (b) Level Due to, or as a consequence of | AL Humandoge | | 24ho. |
| requires th ng physician nn signed by e burial-tra ra buriol, cre | | PART 2 OTHER SIGNIFICANT COM | (C)IDITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEASE OR | CONDITION GIVEN IN PART 1(0) | |
| : The low re or attending e hos been use as the olth prior tal | CERTIFICATION | 190. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS PE | YES NO | | |
| PHYSICIAN: e hospitol or nis certificate rtached for u Dept. of Heol | MEDICAL CE | 23a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin | HOUR A.M. Month Day Year ner) P.M. | 9 | er nature of injury in Port 1 or Port 2, It | |
| G PHYSICIAI the hospitol r this certifice detached fou | 2 | of wark of wark | | ed from \$ / 8 19 | | County State |
| O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol or attending O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the strong be filed with the Stote Dept. of Health prior ta | | couses stated above | is naspital) attended the decease live anl? e, (I) (we) (did) (did nat) view the | 9 63 and that in (my) (our) or | oinian death accurred an the dat | |
| L OR ATTEN t be retained DIRECTOR: / age 3 should iiled with the | | 22d. PHYSICIAN'S | End Myon | OEGREE PHYS 22e. ADDRESS | | S/2J/F |
| TO HOSPITAL (Page 4 may b TO FUNERAL D director, page 3 mould be file | 23rd | NAME (Type) BURIAL, CREMATION, 23b I | DATE TO NAME OF | J / | Togeton Mid, | (County) (State) |
| 5 5 E | L | DEMOVAL (Specific) | 1 | t Haven Cemetery | Hagerstown-Wash | ington-Md. |
| 30M REV 1/68 | , | Rest Haven June | eral Chapel Hager | town, Md. DATEMA | Y 2 2 1968 Julian | nes Jung |

MAKTLAND STATE DEPAKTMENT OF HEALTH



| 1 | 1 | 03040 | DIVISION OF VIT | | W PRESTANTE | | E, MARYLAND 21201 | |
|--|---------------|--|-----------------------|-------------------------------------|----------------------|--------------------|--|---|
| | | The gas mes also | | | TIFICATE OF D | | L, MARILAND 21201 | j |
| (T die | 1 D | tem138, FilmG) O | $1_{6/5/68}$ | Middle | Lost | | DATE OF DEATH | 2b. HOUR |
| uneral deoth | (1 | ype or print) Harr | У | Reasner | Spoonho | | May Month Do | |
| | 3 SI | | 4. RACE | | S. DATE OF BIRT | TH . | 6. AGE (In years | IF UNDER 1 YEAR IF LINDER 24 HRS. |
| ± 255 | | Male | Whi | ite | Aug. 24 | , 1891 | lost hinthday) 76 YRS. | MONTHS DAYS HOURS M.N. |
| | 70. | | 7b. CITIZEN OF WHAT C | OUNTRY? 8 M | ARRIED MEVER MARRI | ED 9 COI | UNITY OF DEATH | |
| 2 Las | | aynesboro Pa. | U.S.A. | | DOWED DIVORC | | Washington | Md. |
| ii a c | 1 | ITY OR TOWN OF DEATH | 11 NAME C | OF HOSPITAL OR INSTITUT oddress) | ION (HOSPILA) | during most of | UPATION (Kind of work done working if a even if retired) | 126 KIND OF BUSINESS OR INDUSTRY Seal |
| rtely t, with | | agerstown USUAL RESIDENCE (Where deceose | Garlo | oddress) ock Memoria | ol Conv. | TOOL I | working ite, even if retired) IAKE 13e_STREET AND NUMBER | Crown, Cork & |
| D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Poge 4 may be retained by the hospital or attending physicion. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled to be fully director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon prize the should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after the should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after the should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after the should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after the should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after the should be filled with the State Dept. | odm | ssion) STATE Md. | | 50 | Baltimore | YES NO | winknown | |
| exe ony | 14. | ATHER'S NAME First | Middle | Lost | IS. MOTHER'S MAIL | DEN NAME First | Middle | Lost |
| be e pe e se rer se rer d'ino | | Charles | - | Spoonhou | | Jenn: | ie | Reasner |
| cote sicio | 160. Y | WAS DECEASED EVER IN U.S. ARMI es, ng or unknown) (if yes give we NO | D FORCES? 16b. | SOCIAL SECURITY NO. | 17 INFORMANT | -b Tour (| Address | |
| ertifi phy nen oval | | | | | o miss sar | an Jane | Spoonhour, Col | APPROXIMATE INTERVAL |
| rem Tem | | 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | DM | | | 77 | 73.1 | BETWEEN ONSET AND DEATH |
| deo Itend Imit | | IMMÉDIAT | E CAUSE (o)APU | | tic Cardio | Vascular | . Disease | 10 years |
| the great perior | | Conditions, if ony, which gove | DUE TO, OR AS AT | | 154 | | | Several |
| hot n. yy # onsi | | rise to immediate couse (a) { stoting the underlying couse | (b)DUE TO, OR AS A (| iplegia It | • | | - | years |
| es tes ted bed bed bed bed bed bed bed bed bed b | | lost. | (c) | | | | | |
| equires thot physicion. signed by ' buriol-tron' | | PART 2. OTHER SIGNIFICANT CON | OITIONS CONTRIBUTING | TO DEATH BUT NOT RE | ATED TO THE TERMINAL | DISEASE OR CONDITI | ON GIVEN IN PART 1(0) | |
| ing een rto | 8 | 4.1, | | | | | | |
| the low re ottending has been se os the h prior to | CERTIFICATION | 196. DATE OF OPERATION 196. C | ONDITION FOR WHICH O | PERATION WAS PERFORI | | | 2Db. IF YES, WERE FINDINGS C CAUSES OF DEATH? | ONSIDERED IN CERTIFYING |
| e he use | | 210 ACCIDENT WAS UNDERLYING | 216 TIME OF INJU | IDV | YES T | NO DE | e of injury in Port 1 or Port 2, | la 10 l |
| ficot far far far far | | OR CONTRIBUTING CAUSE OF GEATH | HOUR A.M. Mo | onth Day Year | ZIC HOW INSURT OCCU | KKED (Enter notur | e or injury in Port 1 or Port 2, | irem (ö.) |
| YSIC ospij certij hed hed | MEDICAL | (If either, notify medical examinated in INJURY OCCURRED 21e | | DME, FARM, STREET, FACTORY) | 21f. LOCATION Street | or R F.D. No. | City or Town | County State |
| PHYSICIAN: 1 the hospital or this certificate detached far us e Dept. of Healt | | While Not while at work | COFFIC | E BUILDING, ETC / | | | | , |
| ING 37 H 78 d 70 d 10 d | | 22a. I certify that (I) (this | hospital) ottende | d the deceased fr | om Sept. 5. | , 19.65, | to May 30 , 19 | 68 , that (I) (we) last |
| END Fed Fed Fed Fe S | | saw the deceased all | ve an May | 20 | 8, and that in (my) | (aur) apinion | death accurred on the do | .68_, that (I) (we) last ite and haur and fram the |
| ATT ATT | ш | 22b. SIGNATURE | (i) (s., j) (did | W THE WILL BODY | | | 22¢. | DATE SIGNED |
| be r ed w | ш | A. J. | 1/1/1/1 | 2 | DEGREE PHYS. | MED. DIRECTO | R STAFF PHYS. | r 31. 1968 |
| IAI Pog | | 22d. PHYSICIAN S NAME (Type) | | / | 22e ADDRE | | · | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires the Poge 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, crer | | Dr. E. | | | | | , Hagerstown, | Md. |
| HC Gge | 230. | BURIAL CREMATION, 23b. D | | 23c. NAME OF CEME | | | LOCATION (City or Town) | (County) (Stote) |
| = = | 24 | FUNERAL DIRECTOR | 2/68 | Green H | 111 | So. REC'D BY REGI | avnesboro Fr | anklin Co. Pa. |
| VR A15 (4) 30M REV, 1/68 | | Maltin No | | Waynesbor | | DATE JUN | STRAR 255. REGISTRAP | contes judges |



| | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|--|--|
| FOR STATE | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 7003 |
| HEALTH DERT. | 1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy | Yeor 20 HOUS |
| .v o a | · (Type or Print) Thelma Lorraine Springer DEATH MATED 5-7 | 168 P. |
| 5m & c | 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (11 years 1 JNOER YEAR 1 LINDER 24 MRS 2C DATE PRONOUNCED DEAD | Sti Holts |
| PMS and | | 1968 P. N |
| Por Pl | 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| form form | COUNTRY) Md. USA WIDOWED DIVORCED Washington | M |
| Pages with for | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND | OF BUSINESS OR |
| ve Page y with the Stat | Killiamsport gve street 1 dess 5. Conococheague during mass of work and it but street 1 dess 5. Republication of the street 1 dess 5. Republica | t.Store |
| . > +- | 130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 3c CITY OR TOWN 13d INS DE CITY CHM 15? 13e. STREET AND NUMBER | |
| s after 18. Giv along with demth. | odmission) STATE Md. 13b (OUNTY Wash. Williamsport YESK NO] 317 S. Conococh | eague |
| hours Item 1 Office Iond 2 after d | 14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME Erst Middle | Lost |
| | Chester Hawbecker Elsie Pensinger | |
| hin 24 noil in niner's pages | 16h WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17, INFORMANT ADDRESS | |
| Examiner Examiner File page | (Yes, no, or unknown) (If yes give war or dates of service) Elsie Hawbecker Clear Spring | . Md. |
| d w Example 1 | AP) | PROX MATE INTERVAL FEEN ONSET AND DEATH |
| e executed to panding in ef Medical Exist permit. Fi | DADT I DEATH WAS CAUSED BY. | reral |
| W Purch | DUE TO, OR AS A CONSEQUENCE OF MIN | nutes |
| be exempled in the property on the property of | Conditions, if ony, which gove (b) C Subarrachnoid Hemorrhage, Massive | |
| | rise to immediate couse (a). Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| | (c) Pulmonary Congestion & Edema, Aspiration Of | |
| v, <u>m</u> o _o | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| 2 0 0 | Vomitus | |
| certific viviand orward | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. | AUTOPSY? |
| , o o o | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) | YES NO 🗀 |
| Thi first l be M ll c | | |
| VER: certif nould les. s@omlo | CAUSE OF DEATH P.M. 19 | |
| (AMINER: te the certite of the should four fles. mge 3 stom | LAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, forth) County County | Stote |
| EXAMINER: upte the cert oge 4 should your fles. Page 3 saloa | WHILE NOT WHILE TOCTORY, office building, etc } | |
| Poger For | 220. I certify that I took charge of the remains described above, held on Autopsy 🛣, inspection 🔲, inquiry 🔲, one | d in my opinioi |
| ICAL ICAL ICAL ICAL Icac Ic | deoth resulted from: Notural couses 🕱 , Accident 🔝 , Suicide 🔝 , Homicide 🔲 , Undetermined monner 🔲 | |
| pleose I directer retaine retaine or to b | CHIEF MEDICAL EXAMINER | |
| | ACTUAL SIGNATURE M. ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED | 4.5 |
| essany, fumeral fumeral noy lie r | EXAMINER'S DEPUTY MEDICAL EXAMINER May 9. | |
| | NAME (Type) Dr. E. W. Ditto, Jr. 215 W. Washington St. of Magerstown, Md. | |
| 5 = + ~ 5 ± | 230 BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) | (Stote) |
| A | burial 5-11-68 Rose Hill Cemetery Hagerstown, Md. | |
| 333 | 24 FUNERA. DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REG'STRAR 5 SIGNATURE | - |
| VR A15ME (a) | Minnich Funeral Home Hagerstown, Md. DATE MAY 13 1968 Cliarles | year. |

WARTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17696 CERTIFICATE OF DEATH Middle Last DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR after death. (Type ar print) Month Melvin Richard Stone May ter 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS 1 DAYS HOURS Male October 30-1919 requi≡s that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED T NEVER MARRIED country), Washington burial, cremation, ar remaval, and in any event, within 72 WIDOWED DIVORCED TO Wash Co Md the attending physician and campletely filled sit permit. Then please remave carban paper 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of working life, even if refired)

Sest mick, 1/4 a. Butter

INSIDE CITY LIMITS? 13e STREET AND NUMBER INDUSTRY Haaerstown Washington 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LUMITS? YES K NO F 102 Elizabeth St. Haaerstown 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Nora Burral 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, ocunknawn) (If yes give wor or dates of service) 214-14-6296 Mr. Millard Stone 36 Madison Ave. Hagen town 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSTRUCTOR OF Conditions, if any, which gave t burial-transit rise ta immediate cause (a). Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPPRATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO [YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY 21f. LOCATION Street at R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the decased from saw the deceased alive and and that in/(my) (aur) apinion death accorred on the date and have and from the causes stated above, (I) (we) (did) (did nat) view the bady after death 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR 22d. PHYSICIAN S 22e/ ADDRESS NAME (Type 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23b, DATE (County) Rest Haven Cemetery Hagerstown-Washington-Md. 2So. REC'D BY REGISTRAR 1968 VR A 15 41 1 Rest Haven Funeral Chapel Hagerstown Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



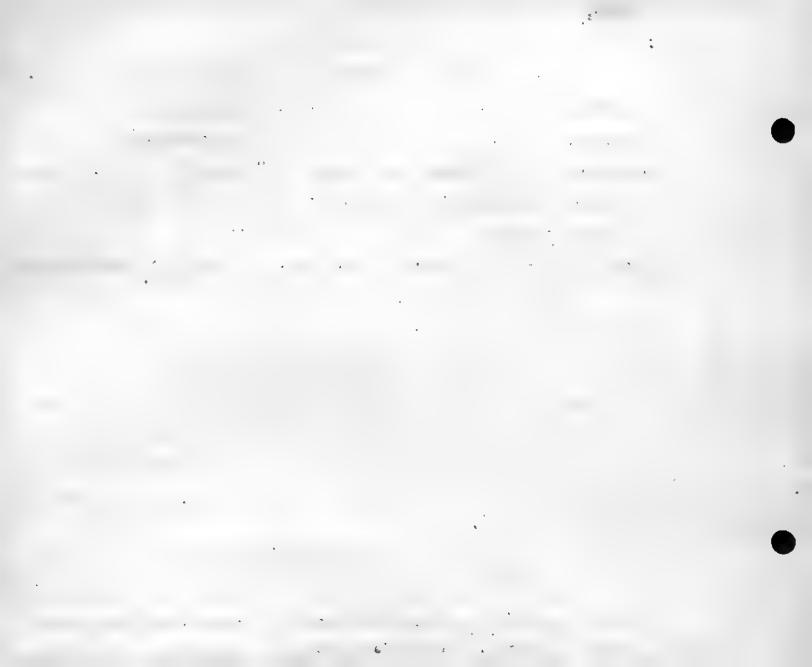
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2a DATE OF DEATH DECEASED-NAME First 2b. HOUR death. (Type or print) Month Ernest Elsworth Stottlemuer. May 4 RACE AGF (In years FUNDER 1 YEAR IF UNDER 24 HRS hours oft 3 SEX last birthday) MONTHS HOURS Male White August 9,1903 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED Frederick Co.Md. DIVORCED [Washington WIDOWED [24 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)
Washington during most of working life, even if retired.)

Watchmaker. NDUSTRY Watches Hagerstown removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 3H INSIDE CITY LIM TS? 13e STRFET AND NUMBER YES C Haaerstown 14 FATHER'S NAME M.ddle Last S MOTHER S MAIDEN NAME First and Zittle Luther Stottlemyer Mae Martin physicion Address Hagerstown, Md. Sr. 1033 Florida Ave. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (If yes give wor or dates of service) Yes, no or unknown) 214-09-2675 18. CAUSE OF DEATH (Enter only one cause per fine far (a), (b), and (c).

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) cremotion, or Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 hos been director, page 3 should be detached for use as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO I FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County Stote While Not while 22a. I certify that (I) (this haspital) attended the deceased fram. eased fram _______, that (I) (we) last _______, that (I) (we) last _______, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive at causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR PHYS 22d. PHYSICIAN'S S. Cleveland Ave. Hagerstown, Md. EdsonnB. Moody. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23b DATE (County) (State) 230 BURIAL, CREMATION, REMOVAL (Specify) Hagerstown-Washington-Mid. Rest Haven Cemetery 24. FUNERAL DIRECTOR ADDRESS Hagerstown, Md/ VR



| | 1 | 7634 | DIVISION OF VITAL RE | | DECTARING | | | 3 21201 | | |
|--|--------------|---|-----------------------------------|-------------------------|--------------------|---------------------------|--|-----------------------------|-----------------|-------------------------------|
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| The law requires that the death certificate be executed within 24 hours after death oftending physician. I has been signed by the oftending physician and completely filted in by the funeral see as the burial-transit permit. Then please remove corban papers. Project and 3 th prior to burial, cremation, or removal, and in any event, within 72 hours greet death | 3. SE | ANN | | A SU | MMER | | | 1968 | (F JNDER 1 YEAR | 6 45 ^M |
| 1 188 | J. 3 | λ | 4 RACE | | S. DATE OF BIRT | н | last b | rthday) / | MONTHS CAYS | HOURS MAN. |
| S S S S | _ | Female | White | m In | June | | | 97 YRS | | |
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| compove (| | ssion) STATE Maryland | 13b COUNTY Washingto | | T S LUWII | | 46 No. | | 'e | |
| and rem | 14 1 | ATHER S NAME First | Middle | Lost | 15. MOTHER S MAIS | DEN NAME First | | Middle | | lost |
| n a se r | L | Urias B | ingham | | | san Mil | ler | | | |
| ficate by ysicion pleose ol, ond i | 16a. | WAS DECEASED EVER IN U.S. ARP | MED FORCES? 16b. SOCIAL | SECURITY NO | 7 INFORMANT | | | Address | | |
| ne deoth certrific ottending phys permit. Then p | | es, na, ar unknawn) (If yes give v | | one | Mrs Mir | iam H | ghbarg | er Hag | erstow | in Md |
| The The | | 18. CAUSE OF DEATH (Enter on | sy one cause per line for (o), (t |), and (c).) | | 2261 Fa | airfax | Rd. | I APPROXIMA | ATE INTERVAL SET AND DEATH |
| endii nit. | | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA | D BY ATE CAUSE (o) C P | chrel | Thro | mbosi | 2 | | 10 | 4 |
| ne deoth offendi permit. ion, or r | ı | 4 1 | DUE TO, OR AS A CONSEQ | UENCE OF | | | , | , , | | / |
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| s that the cian. d by the l-transit , cremat | | rise to immediate cause (a), stating the underlying couse(| DUE TO, OR AS A CONSEC | UENCE OF | | | | 0 | | |
| sicio sicio al-t | | last. | (c) | | | | | | | |
| physician. physician. signed by burial-tran | | PART 2 OTHER SIGNIFICANT COI | NDITIONS CONTRIBUTING TO DE | ATH BUT NOT RELATE | TO THE TERMINAL I | DISEASE OR CONDI | TION GIVEN IN PAR | T 1(o) | | |
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| the law rootending ottending has been se os the h prior to | I E | 190. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATI | ON WAS PERFORMED | 20o. AUTOPS | Y? | | | NSIDERED IN CER | TIFYING |
| th p | CERTAICATION | | | | YES 🗌 | NO Z | CAUSES OF DEA | ını | | |
| afe of colors | = | 21a ACCIDENT WAS UNDERLYIN | G 21b. TIME OF INJURY | | . HOW INJURY OCCUI | RRED (Enter notu | ire af injury in Por | I ar Part 2, It | em 18.) | |
| Partie of the Pa | MEDICAL | or contributing Cause of DEA (If either, notify medical exami | TH HOUR A.M. Month D ner) P.M. | oy Yeor 19 | | | | | | |
| ATTENDING PHYSICIAN: stained by the hospital or CTOR: After this certificate should be detached for uith the State Dept. of Heo | M | 21d. INJURY OCCURRED 21e. While Not while | PLACE OF INJURY (AT HOME, FAR | M. STREET, FACTORY,) 21 | LOCATION Street | or R F.D. No | City or Town | | County | Stote |
| a transfer | | ot work at work | | | | | | | | |
| ING by t fter fter state | | 22a. I certify that (I) (the saw the deceased a couses stated above | is hospital) ottended the | deceosed from | AUX-14 | 19.54 | , to May | 9, 19 <u>6</u> | ski_, that | (I) (we) last |
| ed led led led led led led led led led l | l | saw the deceased a | live on /4 4 / 6 | 19 <u>6 K</u> | and that in (my) | (our) opinion | deoth occurre | d on the dot | e ond hour a | nd from the |
| Tie Sort | | 22b. SIGNATURE | e, (i) (wattala) (ulu nui) t | new line body un | er deom. | | | 22c D | ATE SIGNED, | |
| OR / be rei | | Con A | 11.11 | 1 | EGREE PHYS | MED | OR PHYS. | D 57 | 20/6 | |
| | | 22d. PHYSICIAN'S | - Hylly | 2-2 | 22e, ADDRE | | OK - FIII), | | 1 | |
| RAI RAI Pe be | | NAME (Type) | 1d A: 40 | ft ma | h 2-/ | 4 N-1 | potoma | cst. | Harav | stouning |
| Poge 4 may be retained by the hospital or ottending physician. • FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept. | 230 | BURIA., CREMATION, 23b. | DATE 23c | NAME OF CEMETERY | OR CREMATORY | 230 | LOCATION (City | or Town\ | (Caunity) | (Stote) |
| E B E ST | 1.00 | PEMOVA- (Specify) | | | Cemete: | | gersto | | 1 17 | |
| - E | 24. | FUNERAL DIRECTOR | gerstown Ma | ADDRESS | 2 | Sa. REC'D BY REC | SISTRAR 25b | REGISTRAR'S S | SIGNATURE | |
| 30M REV 68 | | Andrew K. | Coffman Fune | eral Hom | e Inc | DATE LA 2 | 2 1968 | gillian | (Bo Jud | gr. |
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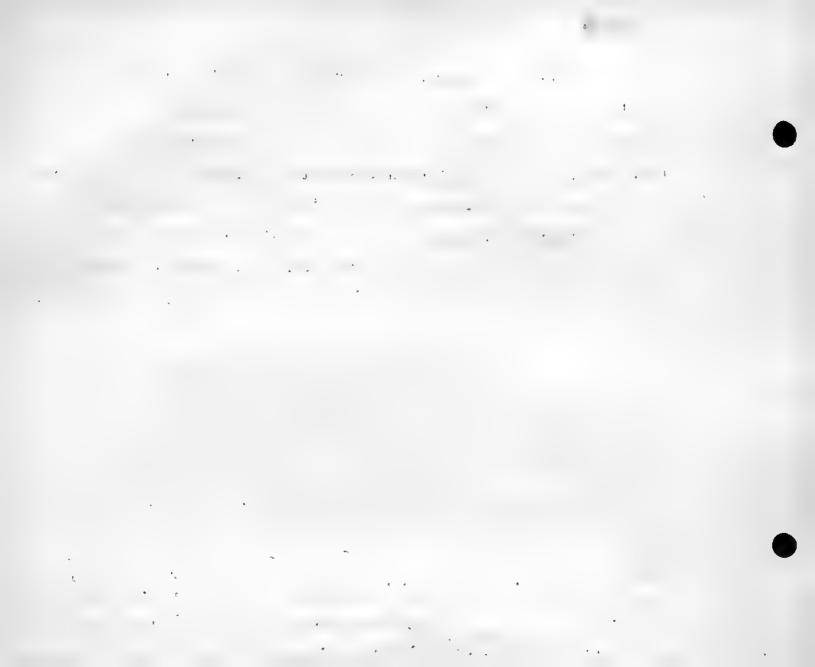


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH .. 7691 1. DECEASED NAME First Middle 2a. DATE OF DEATH (Type or print) Manth. LLOYD **JAMES** SWOPE 12 4 RACE AGE (In years FILMDER 1 YEAR requires that the death certificate be executed within 24 hours after 3 SEX S DATE OF BIRTH IS LINDER 24 HRS last birthday) MONTHS Jany 26 1917 White Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED aivorcea [WIDOWED | Washington
12a USUAL OCCUPATION (Kind of work dane Maryland
10 CITY OR TOWN OF DEATH USA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired)

Laborer

136 INSIDE (MY UMITS? 126. STREET AND MILMARED give street address) INDUSTRY Hagerstown Wash County Hospital

130 USUAL RESIDENCE (Where deceased lived, of institution Residence before | 13c City OR TOWN | 13d NR Coal director, page 3 should be detached for use as the burcal-tronsit permit. Then please remove carb should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, Washington Big Sprin Boyd Road 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Raymond Swope Virgie Lowman 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, or unknown) (If yes give war or dates of service) 014-14-6406 Mrs Owanda V. Swope Big Spring Md Boyd Road 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) signed by the attendir burial-tronsit permit. 3 days DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the 19o. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES TU 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 2.d INJURY OCCURRED City or Town Stote County While hat while at wark 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS John Stom Golden Toppe DIRECTOR 5-13-68 PHYS. 154 West Washington St. 22e. ADDRESS 22d. PHYSICIAN'S John H. Hornbaker, M.D. NAME (Type) 21740 Hagerstown. Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BUR.AL, CREMATION, 23b. DATE (County) (Stote) Lutheren Cemetery Leitersburg Wash Co Md 256 REGISTRARS SIGNATURE Hagerstown Md ADDRESS 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 30M REV (468 Ochanter Andrewwk. Coffman Funeral Home Inc



DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR requires that the death certificate be executed within 24 hours after death. fumeral s V oad (Type or print) 1968 Day Year May 13, Sarah Rollandus Tennant buriol-tronsit permit. Then please remove corbon popers Pages Y buriol, cremation, ar removal, ond in any event, within 72 hours after 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IS DINDER 1 YEAR IF UNDER 24 HRS last bythday) F W DAYS Oct 9-1893 75. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED country Berkeley Co. filled in 1 U.S. Washington WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Give street oddress) Washington County during mast of working life, even if retired) INDUSTRY Hagerstown completely HSA 13a. USUAE RESIDENTIAL STATE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY UM TS? 33e. STREET AND NUMBER 13b COUNTY Berkeley YES T NOX Va. Shepherdstn None ond (14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle Calvin R. Sara E. Grosh attending physician operate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates of service) Yes, na. ar unknown) 233-74-2408 C. Elmer Tennant Shepherdstown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (a) Hepatic failure 3 weeks DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) signed by the buriol-tronsit p (b) Cirrhosis of liver 8 months rise to 1m mediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Heolth prior to Stricture of sphincter of Oddi with obstruction of common duct 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 19a, DATE OF OPERATION 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [May 11.68 NO 🖵 Obstructive jaundice 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at work 22o. I certify that (I) (this haspital) attended the deceased from May 9, 1968, 19 sow the deceased alive on May 12, 1968 19 , and that in (my) (1001) opinion _, to May 13 ... 19_68_, that (I) , and that in (my) (ADE) opinion death occurred on the date and hour and from the be retained couses stated above, (I) (wg) (did) (didness view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR May 13, 1968 PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type JOHN H. KEHNE. M. 1229 Ravenswood Hts., Hagerstown, Md. (County) W (State) 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b, DATE 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) May 15 1968 Elmwood Cemetery Sheperdstown Berkley Co Hagerstown McADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Coffman Funeral Home Inc Andrew K. 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



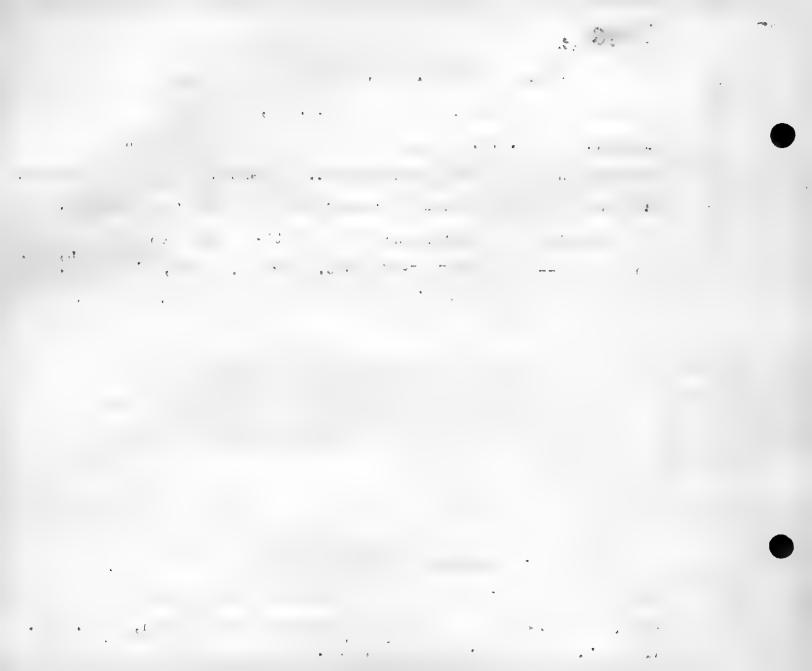
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| death. geral and 2 death | | ECEASED-NAME First (ype or print) CEAL | 15 511 | AZBETH | TRUMPO | | | 24 Month 968° | Year | 2b HOUR |
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| | | FEMALE | WHITE | | | Jeust 3 | 1886 | 6. AGE (in years last birthday) 81 YRS. | MONTHS DAYS | HOURS MIN. |
| sin Familia | 70 | BIRTHPLACE (State or fareign | 7b. CITIZEN OF WHAT | | 8. MARRIED N | | | Y OF DEATH | | |
| ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remave carban papers. Pros. and significant to burial, cremation, ar remaval, and in any event, within 72 faurs effect death with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 faurs effect death | KOUI | RYLAND | U.S.A. | | WIDOWED 🔀 | DIVORCED [| WAS | SHINGTON | | Md. |
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| ppleto cart, | 13c | USUAL RESIDENCE (Where deceo- | | | 13c CITY OR TOW | N 13d, INSIDE | ITY LIMITS? 13 | e STREET AND NUMBER | | |
| camp) | N | ARYLAND | WASHING | | BIG POC | | NO 🔀 | RURAL | | |
| and and rem | 14. | FATHER S NAME First | Middle | Last | 15 MO | THER'S MAIDEN NAM | - | Middle | | Last |
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| rtificate t physician en please aval, and | | | VOE or dates of service) | D. SOCIAL SECURITY IN | | LOLA N | | | MARY | LAND |
| he death certific ottending phys permit. Then pian, ar remaval | - | IB. CAUSE OF DEATH (Enter or | du ana sausa non linn fi | - (a) (b) and (a)) | 1 | E O E A | 7 8 to to to 1 |) | APPROXIM | ATE INTERVAL |
| oding t. T | | PART I. DEATH WAS CAUSE | D BY: | A Line | 11 0 | 11.00 | - 11 | Lea Ain | BETWEEN ON | SET AND DEATH |
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| it the the sit per nation | | Conditions, if only, which gave | (4) | CONSEQUENCE OF | | | | | | |
| hat n. yy ff ans | | nse to immediate couse (o), stating the underlying couse | (b) Due to, or as a | CONSEQUENCE OF | | | | | | |
| quires tho physician. signed by burial-tran | Н | lost. | (c) | | | | | | | |
| phy phy sign buri | 1 | PART 2. OTHER SIGNIFICANT CO | ND.TIONS CONTRIBUTING | TO DEATH BUT NO | T RELATED TO THE | TERMINAL DISEASE | ORCONDITION | GIVEN IN PART I(0) | | |
| w re ling sen the r to | 8 | Ta | | | | | | | | |
| The law ratending attending has been se as the h priar ta | CERTIFICATION | 196. DATE OF OPERATION 196. | CONDITION FOR WHICH | OPERATION WAS PER | FORMED 2 | 20o. AUTOPSY? | | Db. IF YES, WERE FINDINGS (AUSES OF DEATH? | ONSIDERED IN CE | RIIFYING |
| e ho at the | EXI | 21o. ACCIDENT WAS UNDERLYII | IG 216. TIME OF IN. | IIIDV | Fall Hour II | | X '' | Finjury in Port 1 or Part 2, | Hom 10 \ | |
| PHYSICIAN: I he haspital ar this certificate letached for us Dept. af Healt | | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. A | lanth Day Year | ZIC HOW II | DOKY OCCORRED (| ciller moture of | r injusy in roll 1 of roll 2, | nen io) | |
| rSIC aspit certii hed t. af | MEDICAL | (If either, not fy medical exami 21d. INJURY OCCURRED 21e. | PLACE OF INJURY / AT | 19 HOME, FARM, STREET, FACT | DRY.) 216 LOCATIO | ON Street or R.F.D. | No | City or Town | County | State |
| PH he he his etac | L | While Nat while at work of wark | OFF | ICE BUILDING, ETC. | 1 | | 4 | -/ | 1 | |
| IDING I by th After i I be di State | Į. | 22o. I certify that (I) (* | is hospital) attend | ed the decease | from 5/ | /\$,1 | 9(a(/, to | 5/24, 19 | Le , thot | (we) lost |
| NON Ped by Ped b | П | sow the deceased o | live on_5/15 | | Lo. L., ond the | ot in (my) (our) | opinion de | ath occurred an the de | ote and haur o | ind from the |
| Togeth the the the the the the the the the | | couses stated abav | e, Am (me) (aug) (au | Hor) view the D | oay affer deof | 11. | _/_ | 220 | DATE SIGNED | |
| OR John John John John John John John John | | Lille | none | stein | DEGREE | ATTENDING PHYS. | MED. DIRECTOR | STAFF D 6 | -75 | 68 |
| ALC V b C D C C C C C C C C C C C C C C C C C C | | 22d. PHYSICIAN'S | -6 | - C Is the | | 22e. ADDRESS | | | 7 | |
| Page 4 may be retained by the haspital ar attending physician. • Function of European Property of European Propenty of European Property of European Property of European Propenty of European Propenty of European Propenty of European Proper | | NAME (Type) | NEY | NOVEN | - 21 EIN | T | UMK | STOWN | m 1) | |
| FUN FUN | 230 | | DATE | 23c. NAME OF C | EMETERY OR EN | MANUTAL CONTRACTOR | 23d LO | CATION (City or Town) | (County) | (Stote) |
| 22 2 2 2 | 8 | | 27/68 | | AD UNIT | ED MET | ODIST | RED BIG P | OOL WA | SH,MD. |
| VR AND AND | 24 | FUNERAL DIRECTOR | MANC | ADDRESS OCK, MA | RYLAND | 2Sa. REG | D BY REGISTR | AR 1968 REGISTRAP | S. GNATURE CA | delle. |
| 30M REV 1 68 | 1 | toward & Bu | TIL HANG | OUR, MA | | DATE | WALL WILL | , 1000 | | |

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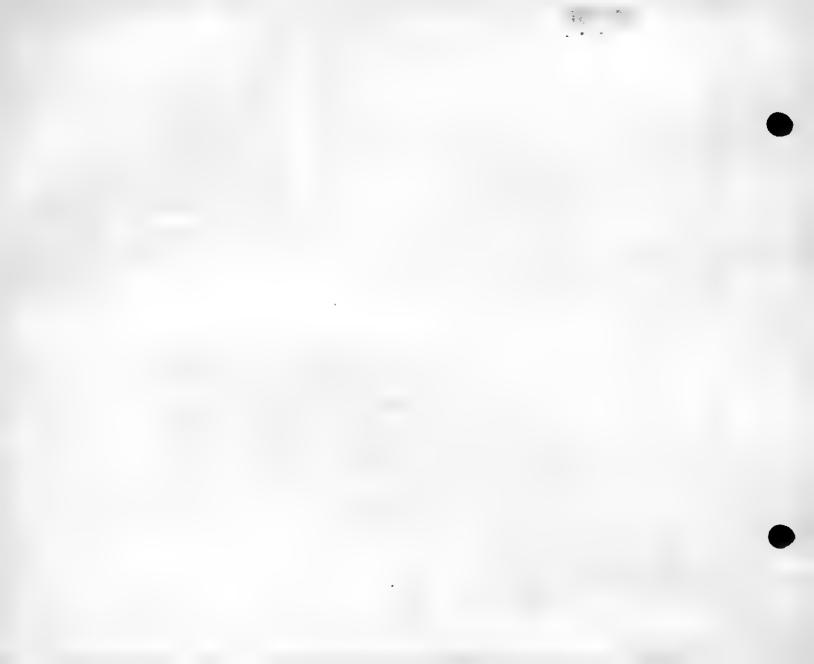
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|--|----------------|--|---|--|--|---|
| | | 37398 | | CERTIFICATE OF DEA | | 57.70 |
| 4 24 | | ECEASED-NAME First | Middle | Lost | 20. DATE OF DEATH | 2b. HOUR |
| death. | (| Ype or print) | IL RAYMOND | VALENTINE | May 5 | 1968 9:00AM |
| | 3 5 | | 4. RACE | S. DATE OF BIRTH | 6 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| a ag a | | Male | White | Feb. 17 | 7.1894 lost birthday) YRS | MONTHS DAVS HOURS MIN |
| by by our | 7o. | BIRTHPLACE (State or foreign | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | | |
| n 24 h | | itry) | U.S.A. | | | Md |
| filled in | lo. | TATYLAND | 11. NAME OF HOSPITAL OR II | ISTITUTION (If not in hospital 12a | USUAL OCCUPATION (Kind of work done | 126 KIND OF BUSINESS OR |
| artificate be executed within physicion and completely from please remove carban ovol, and in any event, wet | 1 | Hagerstown | give street oddress) 38 Devo | nshire Rd. | ring most of working life, even if retired.) Carpenter ECTY LIMITES 136. STREET AND NUMBER | Retired |
| ed v | 130 | USUAL RESIDENCE (Where deceas | ed lived, if institution, Residence before | 13c CITY OR TOWN 13d INSID | E CTY LIMITS? 13e. STREET AND NUMBER | |
| om b | odir | ission) STATE | Washington | Hagerstown | No 38 Devonsh | ire Rd. |
| exe any any | 14. | FATHER'S NAME First | Middle Lost | 15. MOTHER 5 MAIDEN N | AME First Middle | Lost |
| be n or | | William | Valenti | ne Kat | ie (No Record) | |
| ate icio an an | | WAS DECEASED EVER IN U.S. ARA | MED FORCES? 16b. SOCIAL SECURITY | NO. 17 INFORMANT | Haber | stown, Md. |
| tiffic shys | L | DO PE | 214-09-3 | 672 Mrs. Jane | t I Jones Colle | ege Rd R #3 |
| ne deoth cer ottending p permit. The | Г | | ly one couse per line for (a), (b), and (c) BY: |).) | 1 - 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| soth | П | PART I. DEATH WAS CAUSEI | D BY: ATE CAUSE (0) Hyperfue? | nsin Cardio b | Josepha Pisan | Years |
| atte | | 4120 | DUE TO, OR AS A CONSEQUENCE OF | | | |
| # # # # # # # # # # # # # # # # # # # | | Conditions, if ony, which gove) rise to immediate couse (o), (| (b) | | | |
| that the an. by the tronsit p | | stating the underlying cause(| DUE TO, OR AS A CONSEQUENCE OF | | | |
| sicio sicio al, c | | lost. | (t) | | | |
| equires 1 physicia signed k burial-tr burial, c | 1 | | IDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEAS | SE OR CONDITION GIVEN IN PART 1(a) | |
| n re ing | l _s | 443x | | | | |
| The law re ottending hos been se as the th prior to | Ē | 190. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS P | | 20b. IF YES, WERE FINDINGS C CAUSES OF DEATH? | ONSIDERED IN CERTIFYING |
| at dest | CERTIFICATION | | | | NO DX | |
| AN: oli oli or u Heo | | 210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT | G 21b. TIME OF INJURY H HOUR A.M. Month Day Yeo | | (Enter noture of injury in Port 1 or Port 2, | Item 18.) |
| Signature and the second secon | MEDICAL | (If either, notify medical examin | ner) P.M. | 19 | | |
| Page 4 may be retained by the hospital or otherding physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour after death. | 2 | White Not while | PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC. | | | County State |
| by there be be stot | | 22a. I certify that (I) (th | is haspital) attended the decea | sed from 4/7 | 19 <u>64</u> , ta5/C, 19 r) apinian death accurred an the da | 68, that (I) (we) last |
| ENE Ped Pid The | П | saw the deceased a | e, (I) (we) (did) (did nat) view the | ana that in (my) (au bhady after death. | r) apinian death accurred an the do | ite and hour and tram the |
| Should it | L | 22b. SIGNATURE | , (i) (iii) (ala) (ala hai) view inc | | 22c. | DATE SIGNED |
| Re re re de la company de la c | ш | afil t | trackla les | My DEGREE PHYS 5 | MED. STAFF DIRECTOR DIPHYS. | 5/6/68 |
| AL D AL O | | 22d. PHYSICIAN S | 1 9 11 | 22e. ADDRES | , | |
| FRA FRA d be | | NAME (Type) | in 2 Hoach | 102 600 8 | -4 (er) tun m | J. |
| TO HOSPITAL OR ATTENDING Poge 4 moy be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be of should be filed with the Store | 230 | BURIAL, CREMATION, 23b. | DATE 23c. NAME OF | CEMETERY OR CREMATORY | 23d. LOCATION (City or Town) | (County) (State) |
| 5 5 5 2 2 W | 3 | REMOVAL (Specify) | | Hill Cemetery | y Hagerstown, W | Vash, Md. |
| VR A15 (4) | 24 | FUNERAL DIRECTOR | ADDRES | Hagerstown, Md | CODABY REGISTRAR 198 656. REGISTRARS | SIGNATURE |
| 30M REV 1/68 | 1 | ladzew K. Coi | ffman Funeral H | ome, inc. DATE | | 0 |

IA ENIZI ALIN CRAPE NENENTERELIT DE HEGETEIX



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH death. Manth O (Type or print) Mabel Estelle VanMater Doy 68 May 3. SEX 4. RACE offer S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS. Female white last birthday) HOURS Jan. 1. 1900 signed by the attending physician and completely filleds by the buriof-transit permit. Then please remove carbon laggers. Pariol, cremation, ar removal, and in any event, within 72 hours 24 hours 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Harpers Ferry W. Va. DIVORCED TO U.S.A. WIDOWED [Washington Co. O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within Hagerstown. Md. during most of working its even if ret red) Restaurant operator Co. Hospital Rest. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE Md 13b COUNWashington Hagerstown YES NO 377 Penn. Ave. 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Thomas Kauffman Ida Staubs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 212-14-6140 MELVIN D. KOLB Yes, no. ar unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART | DEATH WAS CAUSED BY BETWEEN ONSET AND OF AT Conditions of any, which gave) rise to immediate couse (a). DUE TO, OF AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE-TERMINAL GISEASE OR CONDITION GIVEN IN PART 1(a) hos been be detached for use as the Stote Dept. af Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY2 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES (NO [TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 are art 2, Item 18.) OR CONTRIBUTING (CAUSE OF OEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d JNJURY OCCURRED City or Town State County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased/from. be retained by saw the deceased alive an.... 1968, and that in (my) (sur) opinion death accurred on the date and have and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death 22c DATE SIGNED ATTENDING STAFF PHYS. 5/20/68 PHYS DIRECTOR 22d. PHYS CIAN'S 22e ADDRESS DONALD E. MARTIN M.D. NAME (Type) 23a. BURIAL, CREMAT ON 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) TREMOVAL (Specify) 5/24/68 Cedar Lawn Memorial Hagerstown, Wash., Md ADDRESS 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 30M REV 1768 Ochonles Hagerstown, Maryland DATE

• 17 P . . , a . .

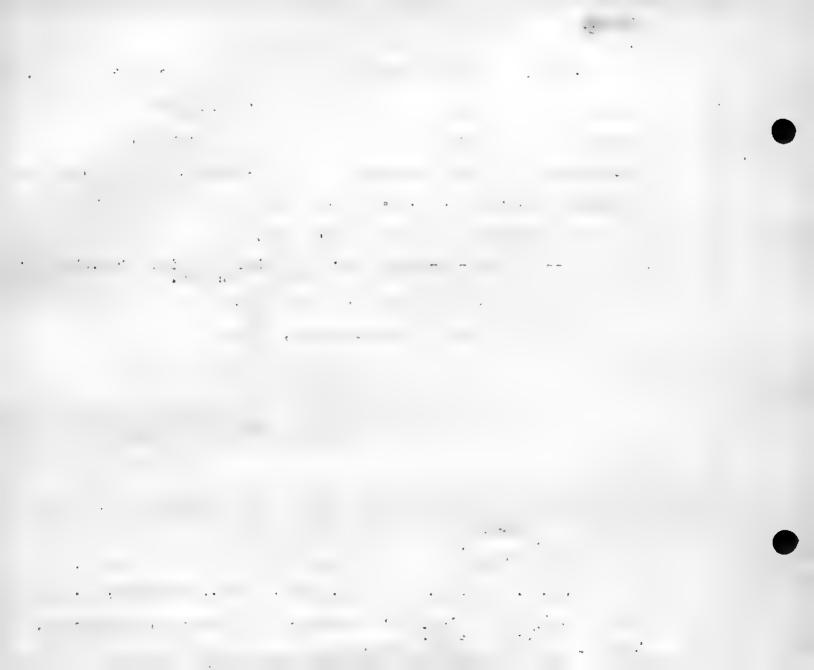


MAKTLAND STATE DEPAKTMENT OF HEALTH



| 1 | .77.02 | DIVISION OF VITAL RECORD | os, 301 W. PRESTON STREE CERTIFICATE OF DE | T, BALTIMORE, MARYLAND 21201 | . 7 3 11 |
|---------------|---|--|---|---|--|
| | CEASED NAME Firs ype or print) JOSE | | Last WHITE | 20. DATE OF DEATH Manth Doy May 30 1968 | 2b. HOURA |
| affer 3.55 | | 4. RACE | S. DATE OF BIRTH | 6. AGE (In years last buthday) | IF UNDER 3 YEAR IF UNDER 24 HRS. MOINTHS CAYS HOURS MIN. |
| 7a B | IRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. COUNTY OF DEATH | Md |
| 10. C | ITY OR TOWN OF DEATH | | INSTITUTION (If nat in haspitol | 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Attendent | 12b. KIND OF BUSINESS OR INDUSTRY Coal Yard |
| odmis | Maryland | Washington H | agerstown X | INSIDE CITY LIMITS? 13e. STREET AND NUMBER 426 Salem A | |
| | ATHER'S NAME First (No WAS DECEASED EVER IN U.S. AR | Middle Los | (No R | ecord) | Last |
| 16a. Ye | WAS DECEASED EVER IN U.S. AR es no or unknown) (If yes give | MED FORCES? War or dates of service) 214-09-11 | 86 Mrs Cath | Address Address Address Address | |
| | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one cause per line for (a), (b), and ED BY: IATE CAUSE (a) Arterioscl | (d) Hag | erstown Md. | APPROXIMATE INTERVAL BETWEEN CINSET AND CHATH |
| | Canditions, if only, which gove | DUE TO, OR AS A CONSEQUENCE | OF | | 5 years |
| - 1 1 | nse to immediate couse (o) stating the underlying couse lost | DUE TO, OR AS A CONSEQUENCE | rteriosclerosis, OF | Severe | |
| | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO DEATH BU | NOT RELATED TO THE TERMINAL DIS | SEASE OR CONDITION GIVEN IN PART 1(a) | |
| CERTIFICATION | 190 DATE OF OPERATION 196 | CONDITION FOR WHICH OPERATION WAS | PERFORMED 200, AUTOPSY | ? 20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH? | NSIDERED IN CERTIFYING |
| MEDICAL CERT | 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DE | NG 215 TIME OF INJURY HOUR A.M. Month Day Yi iner) P.M. | 21c, HOW INJURY OCCURR | RED (Enter noture of injury in Port 1 ar Part 2, It | em 18.) |
| 1 | 21d INJURY OCCURRED While Not while | PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC. | FACTORY.) 21F LOCATION Street or | • | Caunty State |
| | 22a. I certify that (I) (the saw the deceased above touses stated above | his hospitol) attended the dece alive an April 21, | ased from March 1 , 19 <u>68</u> , and that in (my) (| , 19 <u>68</u> , to <u>May 30,</u> , 19 our) apinion death occurred on the dat | 68 , that (I) (we) last e and haur and from the |
| | 22b. SIGNATURE | W 2 - 18 | DEGREE PHYS | MED STAFF | ATE SIGNED |
| 1 | 22d. PHYSICIAN'S NAME (Type) Dr. E | W. Ditto Jr | 22e ADDRESS | | y 31, 1968 |
| 230 | DESLOVAL (Crossful) | DATE 23c NAME 23c NAME | OF CEMETERY OR CREMATORY Hill Cemetery ESS 25c | 23d 10CATION (City or Town) | (County) (State) |
| 24 | FUNERAL DIRECTOR | agerstown MdADDR offman Funwbal | Home Inc DA | D. REC'D BY REGISTRAR 1968 REGISTRAS | SIGN TURE JAMES |

MAKTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a DATE OF DEATH 2b. HOUR death hours after death funeral } and (Type or print) Manth Charlotte Wilson Bell 1968 Mav 3 SEX 4. RACE 5. DATE OF BIRTH FUNDER YEAR IF UNDER 24 HRS. 6 AGE (In years OAY5 last birthday) Female White March 8 89 YRS 70. BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED MEVER MARRIED (auntry) Maryland USA WIDOWED T DIVORCED [Washington burial, cremation, ar removal, and in any event, within IQ CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)

e Housewife give street address)
Fahrney Keedy Memorial INDUSTRY the attending physician and completely fisit permit. Then please remave carban Boonsboro Home Home 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY requires that the death certificate be execute YES 😓 NO 🗍 Md. Washington Smithsburg East Water St. 14. FATHER S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lewis J. Bell Charlotte Marbourg Address Madison, Wis. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. or unknown) (If yes give war or dates of service) Elizabeth W. Kadel, 4006 North Sherman Ave 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the attendir burial transit permit. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending) FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗌 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Manth Day Year (If either, natify medical examiner) PM (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 220. I certify that (I) (this haspital) attended the deceased fram 10 , 19 68 , ta Way 30 , 19 68 , that (I) (we) last saw the deceased alive an way 19 68 and that in (my) (eer) apinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (diamet) view the body offer death. 22b. SIGNATURE 22c. DATE/SIGNED ATTENDING -MED DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) 1968 Smithsburg Cemetery Smithsburg Washington Burial 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATUR VR A111 4 3 Minnich Funeral Home, Smithsburg, Md. DATE JUN 1968

MARYLAND STATE DEPARTMENT OF HEALTH



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